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LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

By M. ANDRAL,

Physician in Chief to the Hôpital de la Pitie, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE XIV.

RAMOLLISSEMENT OF THE NERVOUS CENTRES.

GENTLEMEN,—The lesion now well known under the name of "ramollissement," or softening of the nervous pulp, is characterized by the following

Anatomical Appearances.

The first and essential character is a diminution of the normal consistence, in which the nervous pulp seems to have taken a tendency to pass from its solid to a liquid state. The lesion, thus characterized, may, as you can readily conceive, present itself under a great variety of degrees. Sometimes the normal consistence of the nervous pulp is very slightly diminished, and the latter, though softened, retains its accustomed form and organization; the change is appreciable to the touch, but not to the eye. Thus if the lesion occupy the corpora striata, we can still observe the medullary bands in the interior of this portion of the brain, and the several anatomical peculiarities of its normal state. If the optic thalami be the part affected, we can recognise its several parts, and see that, although softened, they exist separately, and are not confounded together. In a second degree of ramollissement, the consistence of the nervous substance is still more considerably diminished, and the softening is appreciable on simple inspection of the part. In a third degree, texture, hitherto unchanged, is more or less modified. The cerebral substance is broken down into a soft homogeneous mass, of the consistence of "stir-about." If water be poured upon the brain in this state, the nervous matter is easily separated from the membrane which envelops it, and forms numerous flocci that are suspended in the fluid. These fine, minutely-divided portions of the nervous pulp give a lactescent colour to the water, which might be mistaken for the effect of an admixture of pus; but it is not pus. The floating whitish flocci do not depend on the presence of purulent matter, because exactly the same appearance is produced when a portion of putrefied brain is deluged in water. Lastly, the nervous pulp may disappear altogether; we find no trace of medullary substance, which has become altogether liquid, without the slightest consistence or texture. Of the cerebro-spinal substance, nothing remains but the vasculo-cellular web, which in a normal state is masked by the nervous matter, and of which it seems to be the primary rudiment. In a few cases the softening is carried to such a degree as to produce an actual solution of continuity: not only the nervous pulp has disappeared, but the cellular tissue just alluded to. M. Rullier has described a remarkable case of this latter kind, where the cervical portion of the spinal marrow was completely separated from the dorsal, nothing being left but a few fibrous filaments suspended in a fluid. M. VELPEAU records a case, still more remarkable, in the *Archives Générales*, t. 7, p. 52. Here the medulla oblongata was separated from the pons in the most perfect manner; not a trace of fibre existed between them, and even the membranes themselves had disappeared.

Thus you see how the lesion whose history we now study, may present itself with various degrees of intensity, from a slight modification of consistence, where the original form and texture of the nervous substance remain unaltered, to that extreme degree in which it has returned to its primitive and liquid state—to the homogeneous fluid that fills the membranes in the earlier period of fetal existence. In some cases

the change from its normal consistence is so perfect, that it would seem as if the different acts of nutrition had retrograded, and led back the nervous substance by insensible modifications to its primitive condition of a liquid. Ramollissement of the nervous centres may present itself with the simple character of loss of consistence, unaccompanied by any other lesion; but at the same time that the nervous pulp is softened, it may be attended by various modifications of colour, which we can arrange under three distinct heads.

In the *first* place, ramollisement may exist with a normal coloration of the nervous substance. The softened portion is neither more pale nor more injected than is natural.

In the *second* variety, we find the nervous pulp deprived of its normal colour, and of a dull white tint, and, as it were, affected with anemia. The colour sometimes resembles that of milk, or is more bright and resplendent; this is particularly the case when the lesion occupies the gray substance of the brain or spinal marrow. It is a circumstance which you should take particular care to remember, that softening may present itself, not with injection and other characters of inflammation, but with a perfect decoloration. On the other hand, if the ramollissement be confined to the medullary substance, we more frequently find it of a normal colour.

In the *third* variety, ramollissement is attended with an increased injection of blood, with an exaggeration of normal vascularity, giving rise to various shades and tints, from a slight rose to deep red or mahogany brown.

Ramollissement is also from time to time accompanied with certain lesions which we shall briefly enumerate. Thus we sometimes find the softened nervous pulp more or less infiltrated with serosity. In other cases ramollissement coexists with sanguineous effusions, which are sometimes very considerable, in proportion to the softened mass, at other times insignificant and disseminated through the altered pulp. The lesion however is by no means a necessary, though it may be a frequent consequence of ramollissement; it depends on an irritation of the nervous substance, or sometimes on a cause purely mechanical. The softened mass is no longer able to support the finer vessels; these latter become over-distended, their parietes give way, and the blood is effused in greater or less quantity, according to the importance of the injured vessel.

Finally, we may meet with purulent matter, either infiltrated, or collected into an abscess, in the centre of the softened nervous substance.

Thus you see a variety of cases presenting to our view, not only different degrees of the same lesion, but an assemblage of lesions differing widely from one another in anatomical characters. These necessarily constitute several varieties of the disease, and we cannot consent to refer ramollissement with *injection*, and ramollissement with *decoloration*, to one and the same state. Undoubtedly the conditions are different, and so are the causes which produce them. Observe there are cases, where not only a single organ has been found in a state of softening, but where all the organs and tissues of the body have been more or less ramollified, where all the organs present a diminution in their normal consistence. Are we to attribute this state to an universal inflammation? Are we to say here that the whole body is but one phlegmon? Absurd. Every rational physician, instead of pushing the doctrine of inflammation to this ridiculous extent, will frankly avow that there are lesions of whose nature and cause we are still completely ignorant. I call to mind, on the instant, an example which may serve as an illustration of what we have just advanced. A student of the Polytechnic School was seized with symptoms of the disease which nosologists are agreed in calling "typhus suraigue" (the *worst* form of typhus fever). The disease was very rapid in its course, and after death we found all the organs, particularly those abounding in parenchymatous tissue, reduced to a state of perfect bouillie, so soft that the least touch crushed them in pieces: the different muscles were softened in the same way. The muscular tissue was crushed down on pressure, like a portion of brain. Are we to suppose that all the muscles, all the viscera of the head, chest, and abdomen, in the present case were affected with acute inflammation? Are we gratuitously to adopt this latter idea, in the case now alluded to in order to please those who see nothing in ramollissement but an effect of inflammation?

Having thus endeavoured to lay before you a concise history of the anatomical characters that distinguish ramollissement from all other lesions of the nervous centres, we shall now point out the different

Seats which this Lesion may occupy.

Ramollissement may have its seat in any one point of the nervous centres, either in that portion which is contained within the cavity of the cranium, or in the prolongation, without the skull, which is denominated the spinal marrow. This ramollissement may be partial or general; the former lesion is much the more common; indeed, we do not yet possess a case of general softening of the cerebro-spinal axis, although the totality of the parts constituting *the brain* has been found softened in a greater or less degree; however, this latter lesion is rare, and presents itself only in a few exceptional cases; partial ramollissement may, as we have just said, occur either

in the brain, or in the spinal marrow; here is the first great distinction according to the seat of the lesion. In the cranium we may find any part affected; ramollissement attacks without distinction the convolutions, the deeper-seated parts of the hemispheres, the mesocephale, or the cerebellum; and we may lay it down as a general rule, that the parts in which it is most frequently observed are the same where hemorrhage also is most common; for example, in the corpora striata, the optic thalami, and the neighbourhood of these two ganglionic bodies. Let us first examine ramollissement when seated

In the Hemispheres of the Brain.

Here the lesion may be confined to a small point of the convolutions, attacking either the superficial layer of the cerebral substance, or having its seat in the deeper parts, immediately beneath the convolutions; either of the two layers now mentioned may be engaged in the disease, independently of one another. When the superficial layer alone is softened, it requires some attention not to overlook the existence of the lesion, which may easily escape your notice; in these cases the cortical substance is raised up with the pia mater, which cannot be detached from it; it is generally more injected than natural, but sometimes the softened nervous pulp adherent to the membranes is very pale, and colourless.

Ramollissement may, on the other hand, respect the superficial substance, and attack the nervous mass situate immediately beneath the convolutions; or we may find it still deeper, in the centrum ovale, or in the nervous substance which forms the roof of the lateral ventricles; this latter mass may be softened in totality, or the ramollissement may occupy merely a few isolated points of small extent, and it is remarkable that this latter lesion, though apparently so insignificant, may sometimes give rise to symptoms just as grave as when a whole lobe is softened.

In some cases we find the softening confined to the optic thalami, the corpora striata, or one or both of the medullary protuberances contained in the anterior horns of the lateral ventricles (*cornua ammonis*); the optic thalami are sometimes softened on the surface only; the white medullary layer by which they are enveloped, no longer exists, or is reduced to a kind of fluid pulp, and the gray substance beneath is exposed in several points; at other times the ramollissement exists more particularly in the interior of the gray substance; the same remark is applicable to ramollissement of the striated bodies and the horns of Ammon.

Again, we find, occasionally, softening of other parts of the nervous centres; thus, it is not uncommon for ramollissement to occupy the nervous pulp which forms the parietes of the lateral ventricles; in many cases we have found a layer of nervous matter, softened, and quite diffluent, spread all over these parietes, and at the same time a quantity of serous fluid shed into the ventricular cavities.

The central white parts of the brain (the corpus callosum, septum lucidum, and fornix) are also the seat of ramollissement, and this not unfrequently. Here, as in the other parts we have enumerated, the softening may be either general or partial; in some the ramollissement is so extensive, and carried to such a degree, that all these central parts are reduced to a fluid state, and nothing remains in their place but a substance of a homogeneous nature, little more consistent than jelly. The septum lucidum and fornix are more frequently found softened and reduced to this "bouillie," than the white mass constituting the corpus callosum; this latter body often preserves its normal consistency when the fornix is reduced to a mere pulp, and breaks down under the slightest touch, and we may remark that the pillars of the fornix, especially the anterior, are commonly less softened than its body.

Ramollissement of the septum lucidum and fornix coincides in a very great number of cases with an effusion of serous fluid into the cavity of the lateral ventricles; the nervous substance is then sometimes reduced to such a degree of diffluence that we find nothing but a number of flocci, floating here and there in the serum which distends the ventricles.

Behind the parts we have just mentioned there are others that occasionally are the seat of ramollissement, but not so frequently as the brain, strictly so called. Thus we have examples on record where the mesocephale (pons varolii), the peduncles of the cerebrum and cerebellum, and, lastly, the cerebellum itself, have been seen more or less softened.

The Cerebellum and Spinal Marrow.

In some cases the whole mass of the cerebellum has been found in a softened state, in others the disease is less extensive, and we observe only a partial ramollissement, occupying one or more points of its substance.

Finally, ramollissement may exist in that part of the cerebro-spinal axis which is placed out of the cranium; several cases of softening of the spinal marrow have been described: sometimes in its whole extent; at others, and much more frequently, in a limited portion. The two substances which compose the spinal marrow may be softened, either together or separately. Thus, for example, it may attack the gray substance alone, which occupies the interior of the chord, reduce it to a liquid pulp, and hollow

out the artificial canals of which we have spoken when treating of atrophy of the nervous centres.

Instead of being partial, a lesion which is by far the most common, ramollissement may occupy the whole of the cerebro-spinal axis. The whole brain and spinal marrow are simultaneously reduced to a liquid pulp, in which all trace of organization is lost. M. BILLARD has described ten cases of this kind, where softening of the whole brain coincided with a similar state of the spinal marrow. Finally, in the totality of the cerebro-spinal axis we may have only a single point softened, or the lesion may affect several distinct points at the same time; it is thus single or multiple. In the hemispheres it is often double, and it may be formed, either at the same time or gradually, in the brain, properly so called, and in the other parts of the nervous centres.

What are the Causes of Ramollissement of the spinal marrow and brain? To complete the history of any disease we must endeavour to ascend to the causes which produce it, with the same care that we investigate its symptoms or point out its treatment: but the causes which give rise to softening of the cerebro-spinal axis are very little known. Indeed, the only one whose existence we can consider as actually demonstrated, is external violence, and in these cases the ramollissement is an immediate effect of irritation or inflammation. In cases where we can find no trace of irritation, where the nervous pulp, far from being injected, is, on the contrary, decoloured, and where the whole lesion consists in a simple diminution of cohesion, in these cases we must acknowledge that the present state of the science does not permit us to explain the cause of ramollissement.

Softening of the nervous centres exists at all

Periods of Life.

It has been observed immediately after birth, even before birth, as a disease of the fetus *in utero*. Cases of ramollissement in the adult are not rare; in old persons they are frequent, and hence we may conclude that this lesion attacks individuals of all ages, from infancy to extreme old age, from the child of one month to the decrepid invalid of 80 or 90.

Is ramollissement the same at all ages, does it present itself more frequently at one period than another? We have just shown that the existence of ramollissement at all ages is a fact placed beyond doubt by the observations of LALLEMAND, ROSTAN, BILLARD, and ourselves. However, we cannot but admit that it is a lesion more frequently found at an advanced age than at any other period of life; but if you ask on what data we establish this proposition, if you desire to know in what proportion the different ages are attacked, we cannot give you a satisfactory answer. In examining the various works which have been published on ramollissement of the nervous centres, you will find a great majority of cases occurring in old persons, but do not conclude from this that the disease is almost exclusively confined to old age. The cases of ramollissement hitherto published concern principally individuals advanced in life, because their authors were attached to, or studied in, the hospitals appropriated to the aged and infirm. Thus, in M. ROSTAN'S work on ramollissement, you will certainly find the majority of cases reported belonging to old people, because M. ROSTAN was attached at that time to the *Salpetriere*, and all his cases were taken from that hospital. Indeed, we have no extensive collection of cases observed in any other establishment. The work of M. LALLEMAND is an excellent one, but his observations and deductions are chiefly founded upon cases reported by various authors which he has assembled together. It is probable, then, that if the physicians of other hospitals were to make this lesion the subject of special research, we should soon have as many cases recorded of softening in the adult and the child, as we now possess of cases in the aged. Thus, while attached to the hospital of *La Charité* (which receives patients of all ages indiscriminately), I observed several cases of softening of the nervous centres in individuals from seventeen to twenty years of age. At the hospital *Des Enfans Malades* the disease is frequently seen, though we have no statistical report on which we can determine the proportion of cases. Finally, as we have already remarked, M. BILLARD shows that ramollissement may exist to a very great extent within the first few days after birth. Let us now turn to a consideration of the

Symptoms which accompany Ramollissement of the Nervous Centres.

Here, indeed, our task is a difficult one. To convert particular signs into a general description, to follow up the connection of cause and effect through a series of accidents, succeeding each other at every instant, replacing one another, or connected without any apparent order and regularity; to separate the various modifications of function which depend upon the complications of ramollissement, from the phenomena really produced by the lesion itself; finally, to seize the traits of resemblance scattered through a multitude of different portraits, to throw them together, and form of the whole a faithful resemblance. These are points which, however difficult, we must now endeavour to attain.

The symptoms of ramollissement present themselves with a certain degree of difference, as the lesion may happen to occupy

different portions of the cerebro-spinal axis; and hence, according to the practice we have hitherto followed in the present course, we shall follow the disease as it exists in the cerebral hemispheres, in the central parts of the cerebrum, in the cerebellum, and in the spinal marrow. And first, for the brain; how are the great functions of the brain modified by ramollissement? What

Lesions of Intelligence

do we observe in this disease? The state of the intellectual faculties is far from being the same in all cases of ramollissement of the brain; in the *first* place, we observe a certain number of examples, and they are by no means rare, in which the intelligence does not suffer any trouble whatever: the reason, judgment, memory, imagination, &c., and, in a word, all the faculties of the mind, are in a perfect state of integrity. In a *second* series of cases the intelligence is suddenly lost at the moment of invasion of the disease; this takes place when ramollissement commences by a sudden loss of consciousness, or by coma, as in apoplexy. At the termination of a few days the intelligence is restored, either perfectly, which is rare, or imperfectly, the patient remaining more or less dull up to the moment of death.

In a *third* series of cases the intelligence is modified from the beginning to the end of the disease, but the mental faculties are never completely lost, as in the former cases; here the intelligence is obtuse, dull; the various acts of the mind are performed with slowness and difficulty; the patient has that oppressed and stupid air which often marks the presence of typhus fever; when spoken to, they answer slowly and uncertainly; the memory is weakened, and their ideas are somewhat unconnected, or they fall into a state of constant sleepiness, which is sometimes one of the most striking phenomena of the disease.

Finally, in a *fourth* variety, the intelligence is so far disordered and troubled that delirium results. This is particularly observed when ramollissement commences as an acute malady, or is accompanied by any of the symptoms that characterize encephalitis, or acute inflammation of the cerebral meninges. This delirium may exist in a constant manner, or only manifest itself at intervals, the intelligence remaining quite sound during the intervening periods. In some cases it makes its appearance at the very commencement of the malady. In other cases it comes on at a later period, and occasionally alternates either with a state of reason or with coma. Finally, it may exist in a form sufficient to constitute a true mental alienation.

The different conditions of intelligence now pointed out may exist by turns in the same individual, and we have seen cases where the mental faculty has suddenly returned in a perfect state a few hours before death, although it had been previously troubled, or even lost, during the whole course of the disease. Thus you see by what a variety of lesions of intelligence ramollissement of the brain is accompanied,—lesions so different and so uncertain that they cannot in any way serve to aid us in our diagnosis of the disease. Perhaps they may depend on the seat of the lesion; perhaps they are modified by its intensity, or by individual dispositions of constitution; perhaps various troubles of intelligence may be caused by different degrees of congestion which coexist with ramollissement, or can only be explained by a special disposition of the nervous centres, which, though suffering under one and the same organic lesion, yet are capable of manifesting the effects of this lesion by functional modifications of the most various kinds. However, as we have already said, it is not rare to find ramollissement passing through all its periods without having once given rise to any trouble of the mental faculties. We have frequently seen examples of this kind, but, on the other hand, it is more common to find the intelligence more or less obtuse.

Lesions of Motility.

The movement is injured in a much more frequent and constant manner than the intelligence. Exceptions do, indeed, exist where we find no lesion of motility; but these cases are very rare, and we may lay it down as a general principle that modification of motility is the lesion which characterizes most specially, softening of the brain. What is this modification? In what does it consist? How does it manifest itself? Nothing would be more convenient for the practitioner, nothing would contribute in a greater degree to render medicine an easy science, and to smooth down the difficulties which now beset us, than the discovery of an invariable and constant connection between certain symptoms and certain lesions. Thus, some authors contend that ramollissement always gives rise to muscular contractions; others contend that contraction ends in paralysis. But, unfortunately, nature does not always follow the same route; if we have contraction of the muscles in many cases of softening of the brain, there are certainly a few in which this phenomenon never existed.

The motility, then, like the intelligence, may undergo various modifications as a result of ramollissement of the cerebral hemispheres. The lesion may be gradual or sudden. First for those cases in which loss of motion comes on in a slow and gradual manner. Some patients are seized with a weakness of the limbs on the side of the body opposite the lesion; the hand, for example, has lost its accustomed force, and cannot grasp an object so firmly as before.

The whole arm seems heavy, or the leg drags along in walking. This commencement of paralysis gradually augments, until at length the patient is completely deprived of the power of motion on one side of the body. We have frequently had opportunities of witnessing this ourselves, and in cases of this kind we may distinguish this weakness of limbs produced by ramollissement of the cerebral substance, from the loss of motion which supervenes in consequence of hemorrhage, for in effusion of blood into the substance of the brain, the paralysis is generally brusque, sudden, instantaneously produced, whereas in ramollissement we observe quite an opposite fact; we first have simple weakness, and it may take a series of years before this terminates in perfect loss of motion.

In other cases the paralysis appears suddenly, and does not pass through the different degrees we have mentioned; the patient suddenly loses the power of moving his limbs, which are completely paralyzed in a few moments after the commencement of the attack. Here ramollissement bears the greatest resemblance to cerebral hemorrhage, and it is absolutely impossible to distinguish the two diseases at first from one another. In the state just mentioned, several cases present themselves; thus, sudden paralysis may seize the patient, without being accompanied by any other morbid phenomenon: the patient is simply deprived of the power of motion in one or more limbs, but no other function is deranged or modified. In other cases this simple paralysis is replaced by convulsive movements, which persist for a greater or less period of time, and then terminate in paralysis. The convulsions generally occupy the side of the body opposite the softened hemisphere; they sometimes mark the commencement of the disease, then cease, and give place to contraction or paralysis. In other cases they manifest themselves at a later period, alternating with paralysis. The convulsions, instead of being confined to one side of the body, may be general; both sides are equally affected, and in these cases you will often find the cause explained by a double lesion of the brain, both hemispheres being softened at the same time. Finally, instead of occupying the side of the body opposite to the injured hemisphere, the convulsions may affect the limbs on the same side as the lesion in the brain. It is not now the place to enter into the considerations to which this latter fact is calculated to give rise; we can only observe, that in all cases where these convulsions exist, or where convulsion, alternating with paralysis, presents itself, we may have reason for thinking that another disease than simple hemorrhage exists; we may be justified in attributing the lesion of motility to ramollissement of the cerebral hemispheres.

CLINICAL LECTURES

ON

SURGICAL CASES,

DELIVERED IN 1836, AT THE

JERVIS-STREET HOSPITAL, DUBLIN,

BY

WILLIAM WALLACE, M.D., M.R.I.A.,

Surgeon to the Hospital, and to the Infirmary for Diseases of the Skin, including Venereal Diseases, and the consequent Diseases of the Urinary and Genital Organs, &c. &c.

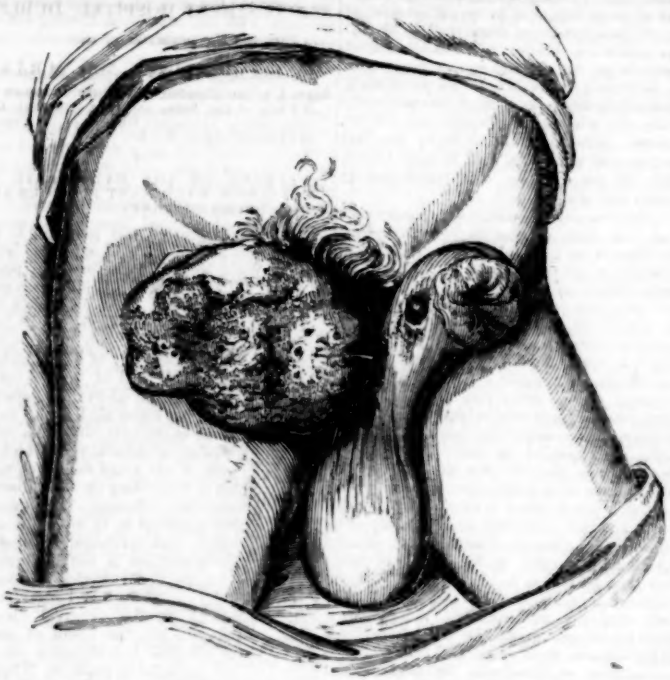
INFLUENCE OF THE HYDRIODATE OF POTASH IN MALIGNANT FUNGOUS AND CANCEROUS DISEASES.

I BEG your attention this morning to the case of the servant man Keogh, who lately died in Ward No. 6. It is, in many points of view, full of interest. It affords a good example of one of the most malignant diseases to which we are subject, of the insidious manner in which such diseases may commence, of the difficulty of distinguishing them at their origin, and of the sad consequences that may result when their nature is misunderstood; but above all, it seems to demonstrate, as far as one case can, that a remedy, the hydriodate of potash, with which we have been only of late years made acquainted, is capable of exercising on such diseases a most remarkable influence. The general power of this medicine is, in my opinion, as yet underrated, and, perhaps, because its mode of administration is not understood. I shall have many opportunities of demonstrating this to you as soon as I enter on my clinical lectures on the venereal disease, when I shall give you the result of nearly three years' clinical investigation on the power of this medicine in syphilis. Whether the remarkable change which we witnessed in the case of Keogh was owing to the influence of the hydriodate of potash, I allow, admits of a doubt. A single case is quite insufficient to establish a fact of this kind, but it is amply sufficient to induce us to investigate the subject further; and if it should turn out to be a fact, that this remedial agent possesses the power which I have reason to believe it does possess, there will open to our view a vast field of hope, that the period is not distant when we shall be able to control by medicine one of the most horrible, and hitherto most irremediable diseases, which in these countries come within the observation of the surgeon.

Case of Keogh.

You can scarcely have forgotten the state of this poor man when he fell under my care. Although very many fungous and malignant diseases have recurred to my observation, I

shall never forget it. I have never seen one more remarkable, whether we consider the peculiarity or the malignancy of its aspect. Here is a drawing of the disease, well executed, and by an admirable artist, Mr. O'Neil, yet it affords but a very inadequate idea of the disease. You may form from it, however, a correct notion of the extent and figure of the diseased mass, or picture to yourselves the head of an immense cauliflower seated in the right groin, and a smaller one on the side of the penis, this organ, as well as the scrotum, being proportionably enlarged, and you will have an ideal representation of the seat, extent, and form of the diseased parts.



The tumour in the groin was, as the drawing represents, of a rounded or oval form, fully seven inches long and five inches broad. It extended, as you observe, from within two inches of the spine of the ilium to the front of the pubis, and from three inches above to two inches below Poupart's ligament. Its surface, which was in general extremely irregular, or full of knobs and depressions, presented about its middle part a deeper excavation, which, as well as the smaller depressions or cavities, always contained a quantity of a thin, clear, yellowish fluid. This fungus, for I may well call it by that name, rose in many parts fully three inches higher than the surrounding skin. The general appearance of its surface was by no means unlike that of the growth which often protrudes from a suppurating testicle. Its colour was whitish, broken up by brownish red patches, by patches of a paler red colour, and by spots of a brighter red. Some of the brown patches felt soft and elastic. The redder were comparatively firmer, many of the whiter patches had a yellow tinge, particularly in the middle of the tumour, and these seemed to have less vitality than the other parts. The discharge was very copious, and was partly serous or ichorous, and partly puriform. These discharges seemed to come from distinct parts. The former, or the thick puriform discharge from the surface of the fungus, and the latter, or ichorous, from the edge of the skin, and from the subjacent subcutaneous tissue. In fact, the one seemed to exist, to a certain extent, distinct from the other. The border of the tumour overhung considerably the integuments, and, hence, the edge of skin, which surrounded the neck of the mass, could not be distinctly seen, except at the side next the pubis. The gra-

nulations in the inside of the edge, when this could be seen, had rather a healthy appearance, and seemed to secrete puriform matter. The skin, for several inches at the outer or right side of the tumour, was of a deep purplish red colour, not uniformly so, but in streaks. In all other parts, the surrounding skin presented a healthy appearance, excepting between the tumour on one side, and the penis and scrotum on the other, and there it was livid and very much thickened.

The fungus, or tumour on the penis, was seated on its right side and under part, and was not less than three inches in diameter. It resembled in its form and colour, in a very striking manner, the larger tumour in the groin. It was, however, of a firmer consistence and paler colour. It was rounded, and its circumference overhung the edge of the skin. Its surface was irregular, presenting numerous depressions of a small size and a larger hollow in its centre. All the depressions were filled with a clear ichor.

There were, also, as you may remember, on the common integuments of the penis, two other diseased spots, of a smaller size, one on the right side, of the magnitude of a large pea, of a whitish pulpy appearance, considerably elevated, and the skin mounting at its side, so as to reach the level of its surface. The second was on the left side of the penis, and of the diameter of a farthing. One portion of its surface was sloughy, or pulpy, and another was covered by apparently healthy granulations. This diseased patch was continuous, at one side, with the larger fungus on the penis, and in every other part it was surrounded by skin which had a healthy colour, but was raised into a kind of welt, which thinned down as it approached the immediate edge of the sore.

The integuments of both penis and scrotum were greatly thickened, and of a crimson colour, with a tinge of lividity. The scrotum was elongated and lax, and was kept constantly bathed with the discharge which flowed down from the fungous masses. The spermatic cord at the right or diseased side was as thick as a finger, but the same part on the left, as well as the lymphatic glands of the corresponding groin, were free from enlargement. Besides the discharge which was effused from the surfaces of the tumour, and from their circumference, there was a copious puriform discharge from an opening or slit in the front of the scrotum, which led into the cellular tissue, as well as from the orifice of the swelled prepuce.

He was very pale and much emaciated. His pulse was upwards of 100, and very weak. He had well-marked paroxysms of hectic. A rigor commenced each night about nine o'clock, at which time he was in the habit of rising to get his bed made, and this was followed by a perspiration, pretty much confined to his head and breast, more copious on some nights than others. His tongue was rather clean, his bowels and urinary secretions regular; no thirst, and some appetite; no cough, and respiration good. There was scarcely any sensibility in the diseased mass, or in the surrounding skin, when handled, yet he was always moaning, as if he was in much pain. He described the pain as a dead heavy uneasiness, with an occasional darting sensation through the parts, which distressed him very much.

He had been in the hospital about ten days, I believe, before he fell under my care, and I have been informed that when he was admitted the tumours were not more than half the size which they were when I first saw him; that the skin surrounding the one in the groin was of a livid colour, very tender, and presented numerous small varicose veins distributed through its structure; that the surface of the tumour was insensible and tubercular, or very much of the form of a bunch of hydatids. I have been also informed, that it presented (probably in consequence of the manner in which the edge of the skin was hidden by the overlapping fungus) such an appearance as to lead to the supposition that the disease was seated in the integuments rather than in the subcutaneous parts, and that it did not resemble either fungus hæmatodes or cancer, but was, in appearance, like the fungus which often grows from a testicle which has undergone chronic inflammation and suppuration.

It is, in general, very difficult to obtain a satisfactory account of the origin and progress of a disease which has been some time in existence; but as all the circumstances of this case were such as to make me very desirous to ascertain with accuracy its history, I took considerable trouble on the subject. I interrogated the patient and his wife separately, and made some inquiries from persons who had seen him in an early stage of the disease. From these sources of information it appeared that up to about sixteen months ago, at which time he was thirty years of age, he had a perfectly healthy constitution, that he never had contracted any venereal disease, except one about five years ago, and that was not followed by any secondary symptoms, that since then he had been married, that his habits had been very regular, that he never gave any disease to his wife, although he had intercourse with her long after the present disease commenced. I further learned, that about sixteen months ago a small elevated sore, or livid spongy wart, was observed on the right side of the inner surface of the prepuce, near the corona glandis, which was soon followed by another, of a similar kind, and seated on a part very near to the former. They united in a short time. They were not painful, nor did he

give any attention to them, and until about seven months ago they made little progress. At this time he was thrown from a horse, dragged for some way on the ground with his foot in the stirrup, was rendered insensible, and, on the whole, experienced at the time a great shock. Soon after this his attention was attracted to his right groin, where he felt a small firm kernel. This gradually increased to the size of a pigeon's egg. He now applied at an hospital, where he got black wash and pills. The pills griped him very much, and made him much worse. He next consulted an hospital surgeon, who saw him at his own house, from whom he got pills, which he believes were mercurial, but they did not make his mouth sore. Not finding himself improved, he went into an hospital. Even at this time he could denude the glans penis, and the tumour was neither very large nor discoloured. He was now, unfortunately, put under a mercurial course, which excited much inflammation, and phymosis in consequence ensued. The tumour in his groin increased, and became red. An ulcer now formed on the outside of the inflamed prepuce, opposite to where the wart to which I have alluded was placed, and through this ulcer a fungous mass quickly protruded. The tumour in the groin soon after increased to the size of a goose-egg, and was still remarkably hard, but after a time it became irregularly soft, and of a livid or crimson colour. At this period, finding himself much worse, he solicited his discharge from the hospital, and, soon after, the skin covering the tumour in his groin gave way, and a fungus protruded. He now placed himself under a country peasant, who gave him "herbs," and he remained under this treatment until he was admitted into this hospital.

When I first saw this patient, I asked, "What has been done for him since he came into our hospital?" "The parts have been covered with a common poultice, and creosote has been administered internally," was the reply. That no advantage had resulted was evident, for the disease had doubled its dimensions since his admission; his hectical symptoms had rather increased; he seemed miserable in his feelings; his nights were restless, and his pain was great. I contented myself, on my first visit, with directing the poultice to be omitted, and fine linen to be put on the part, wet with a weak solution of the chlorate of lime. I also directed that there should be given an anodyne draught, and, during the day, my favourite cordial mixture, carbonate of ammonia and compound tincture of cardamoms, with a minute quantity of tincture of opium, made grateful with sirup of orange-peel, and some aromatic distilled water.

These changes in his treatment seemed to add to his comfort, and greatly diminished the stench which was about him. He still, however, looked wretched, and appeared in great misery. "Can anything now be done?" I asked myself. Now, gentlemen, this was precisely one of those cases in which we may be justified in trying any remedy which affords a ray of hope; a kind of case which demands, in fact, from every man anxious to extend the boundaries of his art, a trial, within proper limits, of empirical treatment; that is, of remedies which we know to possess the power of influencing the system to such a degree as to afford a possibility that they may by their action influence the disease. We are often, indubitably, obliged to act in this manner. How frequently are mercury and arsenic given upon no better foundation! I had, as you know, been trying for a long period, and in various cases, with remarkable success, the hydriodate of potash. Come, said I, let us try it in this case. I ordered it, but with scarcely a ray of hope that it would in any way control or influence the morbid actions going forward. It was given to him in the dose in which I commonly administer this medicine; that is, seven grains three times a day, in an aqueous solution. He commenced on the 9th of October; on the 12th I observed, on going round the wards, a decided alteration in the style of his countenance. He looked, comparatively speaking, tranquil. He told me he had had a better night than any since he had come into the hospital, and that the pain in the parts was much diminished. Could these changes be owing to the hydriodate of potash? I reflected with myself. I could not, I confess, feel that they were. This medicine was, however, continued. I saw him daily, sometimes looking at the tumour, and sometimes not, but I did not notice any remarkable change further than that which I have just mentioned, that is, in the state of his pain, until the 18th, or nine days after he had commenced the hydriodate of potash, when he complained very much of soreness of his throat. On the 20th he complained still more. I examined his throat, but could not observe anything to be the matter. Presuming that it was a state of throat analogous to that which not unfrequently occurs from the employment of the hydriodate of potash, I directed him to discontinue this medicine, and to take a mixture containing the sulphate of quinine. On the same day I examined the state of the tumours, and they appeared to me to be a little smaller. Of this, however, I had not more than a suspicion, for the decrease was, if any, not remarkable. There was, however, an evident change in the appearance of their surfaces; they had become more dead and crumbly, and particles of them could be removed by the forceps. His urine on this day was loaded with the hydriodate of potash.

On the 24th of the month, or fourteen days after he had commenced the hydriodate of potash, the alteration in the state of the tumour, as you may remember, excited the greatest surprise. It was evidently not one-half its former magnitude, and the surface was rapidly crumbling away. There was no pain in the part, no surrounding inflammation; the dull heavy sensation and the shooting pains had entirely ceased; he appeared quite tranquil; his nights were spent comfortably; his appetite continued, and, on the whole, there was so remarkable a change, that I was nearly vain enough to suppose it possible he might recover. I now directed the hydriodate of potash, a trace of which was still visible in his urine, to be again given, but in half doses only; and to prevent the return of that state of throat of which he complained so much, and which had, in a few hours almost, been controlled by the quinine, I directed that he should continue his quinine mixture, taking it before, and the hydriodate of potash after his meals.

Under this treatment his throat continued easy, the decrease in the size of the fungi progressed, their middle portion crumbled away more rapidly than the circumference, and the diseased mass in the groin now assumed strikingly the appearance of an ordinary carcinomatous sore. The comparatively happy and tranquil state which I have already remarked, persisted, and his appetite remained sufficiently good. But, notwithstanding these pleasing circumstances, his weakness increased, his pulse became more debilitated and thready. In short, the disease seemed to be going off, and his strength to be, in the same proportion, declining.

On the 10th of November, at which time he was still continuing his medicine, the diseased fungous mass had totally disappeared from several parts, and at these parts the surface had acquired the aspect of a phagedenic or sloughy sore, yet there was scarcely a blush of surrounding inflammation, and no pain.

The hydriodate of potash was now omitted, the sulphate of quinine was continued, and the diseased surfaces were covered with hot dressings of elemi and turpentine.

On the 22nd of November there was not a trace of the fungous masses; the penis seemed as if it had been amputated exactly between the fungus and the comparatively sound part. It, as well as the scrotum, was no longer either swelled or red. The size and inflammation of these parts had declined with the decrease of the tumour. The fungous mass in the groin had also disappeared, and a deep and dark excavation, of the size of a plate, occupied its place.

He was now sinking rapidly, yet he still presented an appearance of remarkable contentment, and exhibited an extremely placid countenance; his pulse sank to a thread; his voice became so weak and squeaky that he could scarcely be heard; he did not, however, complain of his throat. In four days after, that is on the morning of the 30th of November, he died, without a groan or complaint; the progress of his dissolution was so tranquil, that he seemed to have gradually passed from sleep into eternity.

Autopsia.

I examined the body six hours after death and made at the time a note of the dissection, which I shall read to you:—

"Extreme emaciation; no œdema of the lower limbs; the transparency and thinness of the skin covering the arms and thorax, allows a tint of colour produced by the subjacent muscles to be observed, which gives very much the appearance, on the surface, of incipient putrefaction. The lower limbs are slightly stiff, but the muscles of the upper part of the body are quite free from rigidity

"The diseased surface, which had the groin for its centre, is fully seven inches long, and six inches broad. It is covered by a thick stratum of pulpy brown matter, which is easily scraped off with the back of a knife. In thus clearing away the pulp, a portion of the anterior wall of the femoral vein has been removed. The internal surface of this vein, extending up and down for an inch from this part, is of a dark-brown colour, like the pulpy mass which covered the diseased surface, and is softened in its texture. At this part, and for some inches above and below, the vein is imperfectly filled with a coagulum, devoid of colouring matter, as far as the vein is discoloured; but above and below this, it presents the usual red appearance of such coagula. The femoral artery seems sound, yet the parts covering it are scarcely less diseased or softened than those which covered the vein. The cellular texture on the lateral and posterior aspects of these vessels, has, when divided with a knife, somewhat of a cartilaginous appearance. The femoral nerve does not appear diseased. The aponeurotic expansion of the external oblique muscle, as well as the fascia lata, are exposed, upon the removal of some soft brown matter which covered them, and their structure seems softened. This extensive diseased surface does not appear to have any base, or, in other words, the more subjacent parts do not appear diseased. The extremity of the penis has been removed, and the end of it is covered by the same soft or pulpy matter as was observed in the groin. When this softened matter is rubbed off, the orifice of the urethra, the extremities of the corpora spongiosi and corpus cavernosum, appear softened at their ends, but without the slightest aspect of thickening, or as if there had

been any inflammatory action. The right spermatic cord is quite insulated, from the external ring to the epididymis; its covering feels thick and firm, but its component vessels and nerves seem sound; both the testes also seem sound, although the right side of the scrotum has been destroyed by an extension of the disease from the right groin. The lymphatic glands of the left groin are very slightly enlarged, but their section does not present any remarkable appearance. Neither the iliac nor the lumbar glands, nor any of the lymphatic glands in any part of the body, are diseased or enlarged.

"There is a remarkable degree of anemia of all the viscera. The blood, wherever observed, is so watery as to be nearly void of colour. The serous membranes all feel dry and sticky, yet there is in the head a slight sub-arachnoid effusion. I collected in the pericardium a dessertspoonful of a yellow serum; none could be obtained in either cavity of the pleura; about a dessertspoonful is found in the pelvic pouch of the peritoneum. There is no other diseased appearance in any of the internal parts, if we except two white patches, of old formation, on the heart; one small, on the left ventricle, and one larger in the right." The lungs were remarkably collapsed.

I detected a trace of the hydriodate of potash in a small quantity of urine which was found in the bladder, but could not detect any in the serum collected from the head, pericardium, or peritoneum.

Remarks.

I have now detailed to you all the facts that have come to my knowledge respecting this interesting case. Suppose you asked me what was the disease, I should feel some hesitation in answering your question. Was it fungus hæmatodes? Was it cancer? Was it a disease compounded of those two morbid states? Or was it a disease of a peculiar kind, differing from both? Some who saw this case said it was cancer, some that it was fungus hæmatodes, and others said it was neither, that it was a disease analogous to lipoma of the testis. In some respects it resembled cancer; in some fungus, and in others it differed from both. The period of life at which it occurred gave as great a right to cancer to claim it, as it did to fungus. The one seldom appears earlier than the age of this patient, the other seldom later. The wartlike aspect which the disease presented on the prepuce, allied it more with cancer perhaps than with fungus. The tumour in the groin had also, before the skin gave way, so far as I could learn, much more the hard or stony character of cancer, than the soft elastic feel of fungus. The granulations which formed during the progress of the disease, and which showed a disposition to cicatrize, had an appearance which belongs much more perhaps to cancer than to fungus. It is indeed considered, by a good authority on this subject, Sir E. Home, to be one of the strongest characters of carcinoma, if taken in conjunction with the fungous state and destructive actions in other parts of the sore. The insulated character of the disease was very remarkable. Neither the lymphatic system nor any other part or viscus of the whole body, seemed to have suffered beyond the immediately engaged parts. The roots of the disease did not even ramify at all among the subjacent or surrounding parts. In both these respects it differed from the course which cancer, as well as fungus, in general, pursues. Although there was some discharge of blood from the fungus in the groin, it was by no means in such quantity as often occurs in both carcinoma and fungus, but particularly in the latter. Before the diseased mass began to shrink away, when the dressing adhered to any part, a small drop of sanguineous fluid would sometimes exude, but not perhaps in greater quantity than would occur from a common granulating sore, if there was an adhesion between its surface and lint which had been placed on it; and the hemorrhage which occurred on one or two occasions, when the disease was in its more advanced stage, was not from capillaries, but from vessels which had been opened by the destructive process. On the whole, I should be disposed to say, that we must either consider it specifically different from both cancer and fungus, although it certainly belonged to their genus, or else we must extend our views respecting the characters of these diseases, so as to make our definition include the case which we have been considering.

The more important practical points connected with the subject relate, however, to the diagnosis of the disease in its early stage; and to the cause of the changes which occurred while the patient was under the action of the hydriodate of potash.

There can be no doubt but that when the disease commenced, it was mistaken by more than one person for a venereal affection; nor do I wonder at this when I reflect on the

General want of Accurate or Scientific Knowledge of the Appearances of Venereal Diseases,

and how much our education tends to induce us to suppose that every sore on the penis, particularly if accompanied by a tumour in the groin, is venereal. If the disease on the inner surface of Keogh's prepuce had at all the appearance of either of the small diseased spots or patches which were on the outer surface when I first saw him, no person who was not versed in the nicer shades of distinction could have been certain

of its nature. The more minute spot was like the venereal sore which I have described, in my treatise on the venereal disease, by the name of "fungous syphilis following excavated ulceration;" and the large patch equally resembled the sore called by me "white phagedenic syphilis." Can any case show in a stronger light the necessity of giving attention to the diagnosis of primary venereal affections? I could detail to you numberless cases in illustration of the great ignorance which prevails even among otherwise well-educated medical practitioners, respecting these diseases. Here is a drawing of the penis of a patient sent to me from a distant county, and represented as a case of obstinate venereal sore. It is a case of well-marked incipient cancer. Within the last week I was consulted by a married lady, for an eruption. She had been under the care of several practitioners. The eruption was a well-marked venereal eruption, which she had contracted from her husband, to whom she had been married about a year and a half; but its nature was never suspected, and the treatment adopted had been of no use to her. You will not feel the importance of a knowledge of the venereal disease until you go into practice, and then such of you as have not attended to it will regret the opportunities you have lost. "Oh! we are not examined on these subjects for our degree; what is the use therefore of taking up our time with such things?" I have been hearing this kind of remarks, on various important subjects of medical study, for several years. I vainly hoped that such a change would long ere this have taken place in medical education as would have led pupils to give sufficient attention to practically useful subjects, but that change has not as yet occurred. I am convinced I do not exaggerate when I say, that not one third of the stuff with which pupils are, for the sake of their examination, called upon to cram themselves, will be of the slightest use to them hereafter, while they often neglect those subjects which they should attend to, and that because they are not the subjects of examination. Time will no doubt bring a remedy for this crying evil, and I hope the time is not far distant. I admit that the objects which require the attention of the medical student are very numerous and complex, but I am convinced that by a proper system of education, vastly more may be done than is done, and with vastly less trouble. But to conclude, What was the cause of the

Extraordinary Change which took place in Keogh's Case?

Was it a change brought about by the natural progress of the disease, or was it the result of the action of a remedy, the extent of whose power we do not as yet know? In my opinion the latter was the case, and I will tell you why I have formed this opinion. In the first place, from my knowledge of the powerful influence of the hydriodate of potash in many forms of disease, I do not feel surprised at its producing a change such as occurred in Keogh's case. Look at the case of a woman in No. 8, the whole surface of whose body was, as it were, riddled with fossæ, or ill-conditioned ulcerated excavations, under which she had laboured for many years, and for which she had been in almost all the hospitals in Dublin. See the change which has been produced in her state by this medium; but I shall forbear enlarging on her case now, as I propose to make it the subject matter, with many others, of future consideration. In the second place the change in the disease of Keogh was quite synchronous with the action of the remedy. Very soon after the medicine was exhibited, the painful condition of the fungus subsided; and as soon as the system was saturated with it, the diseased mass began to melt away. In the third place, the destruction of parts which occurred was quite different from that which not unfrequently occurs in malignant fungous diseases, as well because it happened at the same time in every part of the diseased surface, in both groin and penis, as because it proceeded in a most gradual manner. It was much more a process of softening than a process of sloughing.

If the change which occurred in this case was owing, as I firmly believe it to have been, to the hydriodate of potash, a great field for hope, and for investigation in the treatment of these malignant diseases, is, as I have already said, opened to us; and I shall certainly lose no time in investigating the subject upon every proper opportunity. You are aware that within the last few days I have admitted into the ward No. 8, a woman, Mary Hudson, who labours under a most extensive and malignant ulcerated disease of the breast, accompanied by enlarged axillary glands. If we credit her statement, and the appearance of the part fully justifies it, the torture that she suffered for the two years before her admission has been of the most insupportable kind. This case has appeared to me well suited to a trial of the plan which I adopted in the case of Keogh. I consequently ordered the hydriodate of potash a few days ago, and I have experienced no small gratification by finding that her pain has been already much diminished. Sincerely do I hope that this change has been produced by the action of her medicine. A short time will decide the question. I hope you will attend closely to the phenomena which may occur. To excite your attention to her case has been one of my objects in choosing the case of Keogh for the subject of this morning's lecture.

It was my intention to have made some

remarks this morning on the errors to be avoided in the employment of the hydriodate of potash, and on the causes which have restricted the therapeutic applications of iodine, and more particularly on the impropriety of employing internally either free iodine, or the iodureted hydriodate of potash,—the preparation so strongly recommended by Lugol. But, as our time has expired I shall reserve what I have to say upon these points for a few days, when it is my intention to commence, either here or at the Skin Infirmary, a review of more than one hundred and twenty cases of syphilitic disease, which have occurred between the two institutions, and the treatment of which, by the hydriodate of potash, I have made the subject of investigation. Let me add that I have derived results which I have much reason to expect will excite great interest. It was a desire on my part to complete this investigation, in which I have been now engaged for more than two years, which has hitherto delayed the publication of the second volume of my work on the venereal disease.

HOPITAL DES ENFANS MALADES, PARIS.

RESEARCHES INTO THE DISEASES OF CHILDREN,

CONDUCTED ON THE

KNOWN PRINCIPLES OF ANATOMY AND PATHOLOGY.

TYPHUS FEVER IN THE YOUNG.

(Concluded from page 861.)

Case 3.—Zoe Guilbert, 14 years of age, of good constitution, and apparently strong, was received into the hospital on the 4th of December, 1834; her disease dates ten days; the patient, who was born in the country, has lived at Paris for the last twelve months only; she works in a large shop and sleeps in an airy room; during the first year of her arrival at Paris she did not experience the least disturbance in the digestive organs; however, at the end of November, without any appreciable cause, she was seized with headache, and pain in the abdomen. These symptoms were soon joined by an unusual sensation of fatigue, a remarkable diminution of the appetite, nausea, and loss of sleep. The patient has not had any epistaxis, but she frequently observed some blood when she blew the nose. On the 2nd of December, constant fever; prostration; exasperation of the headache; pain of the abdomen; the child was now confined to bed, and placed on diet; no remedies of an active nature employed. On the 5th of December the patient presented the assemblage of symptoms which constitute what is commonly called the inflammatory fever; face red and animated; eyes brilliant; headache; pulse hard and accelerated, 120; skin hot; abdomen painful; no diarrhœa; the only remedies ordered were an emollient drink and strict diet. In the evening the patient was seized with violent delirium; this persisted all night: the child got out of bed continually, and traversed the wards uttering loud cries; it became necessary to confine her in bed with the strait-waistcoat.

6. Dorsal decubitus; stupidity without prostration; the hearing is dull; the headache persists; the conjunctivæ are injected; she answers shortly but correctly; the tongue is covered with a sort of clammy fur of a grayish colour; breath foul; deglutition is easy; thirst excessive; complete loss of appetite; no nausea or vomiting; abdomen free from pain, and marked by two or three rosy spots; only one stool for the last twenty-four hours; pulse regular and soft, 120 as in the evening; the skin still warm and dry; the respiration slightly accelerated, is 36; cough; râle sibilant equally audible at both sides of the chest. The patient remained pretty calm until two o'clock, but she then commenced to sing, and disturbed the whole ward by constant cries; the delirium and agitation continued until the following morning.

7. The patient is now in a state of prostration; the face has an expression of stupidity, and the deafness is more evident; she answers slowly; the rose-spots are very numerous over the front of the abdomen and chest. The state of the tongue is the same as yesterday; no stool; pulse 120; respiration 30; a pain is felt under the sternum and in the abdomen; the cough and râle sibilant are the same as before; the nature of the disease was now evident; the patient was ordered a bottle of Seidlitz water, to be taken in glassfuls every three hours.

8. The delirium has been just as violent as in the former nights; the patient has taken the whole bottle of Seidlitz water, which produced only two evacuations; the skin is now more dry than before, but not more warm; the tongue trembles when put out, and presents the same characters of colour and dryness that we have already noticed; the abdomen continues painful, but without meteorismus; the cuticular spots are numerous; pulse 116; respiration 40. Continue the remedies.

9. The evacuations have become more numerous; the abdomen is a little tympanitic, but less painful; the patient, whose intelligence is now clear, affirms that she does not suffer any pain. The sense of hearing is still more obtuse; there is some ringing sound in the ears; the prostration

of strength is now more marked; the patient can sit up in bed with great difficulty; pulse 124; respiration 48; cough frequent; râle subcrepitant on the right side of the chest behind, but no diminution of sonority. *Continue the Seidlitz Water, and alternate it with an Infusion of Marsh-mallows.*

The delirium, which for the last ten days existed only at night, now broke out during the day time with great intensity. The patient left her bed, and ran about the ward with a tottering gait, causing great alarm amongst the other children.

10. The number of evacuations is still increased; some have been passed involuntarily. The patient says the abdomen is free from pain, but moderate pressure causes a contraction of the muscles of the face, and evident suffering. There is now no delirium; the patient only feels the head heavy. A discharge has taken place from the left ear, and the sense of hearing is almost completely abolished; the rose-spots still continue, but we do not observe any sudamina; the cough is less frequent; the respiration not so accelerated; pulse 120; respiration 24. *Three Glasses of Seidlitz Water.*

11. Less delirium this night; the diarrhœa persists, and the stools are generally passed without consciousness; the lips are dry and cracked; the tongue clammy, but without any crust; the abdomen is moderately sensible to pressure; the points most sensitive are in the epigastrium and right iliac regions; pulse 124. *Continue the Seidlitz Water.*

From the 12th to the 17th day, on which the use of Seidlitz water was suspended, the patient became gradually better; the pulse fell from 120 to 108; the skin lost its dryness. The delirium went off, and the sleep returned insensibly. On the 14th we observe a few sudamina on the neck; the stools are no longer involuntary, and the number diminishes by degrees; the slight pain which occupied the right side of the abdomen has disappeared.

18. On making the visit, we find the patient sitting up in bed; the expression of the countenance is now natural; the intelligence perfectly clear; the hearing no longer dull. The patient sleeps quietly during the night; the muscular force is nearly recovered. The patient can walk about, and she seems nearly as fat as when admitted into the hospital. The tongue is now moist and clean; the appetite good; abdomen free from pain on pressure; no cough; pulmonary expansion good; pulse now 108. The patient complains of severe pain in the right ear. *Three Leeches behind the Ear; Broths.*

20. A purulent discharge from the right ear has set in. On the 24th the patient got up for the first time, and took some solid aliment. The state of convalescence progressed to the 28th, when she was seized with fever and general malaise, without nausea or vomiting. These symptoms continued on the 29th, and terminated next day by an eruption of the small-pox, which is very benign, although the girl had not been vaccinated. On the 5th of January the fever, which had fallen since the eruption, returned, and persisted for two days. 9th. Desiccation is general. The patient was now vaccinated, but without any result.

15th of January she left the hospital. Completely cured.

Case 4.—Paul Confient, 8 years of age, born at Paris, of a delicate constitution, was brought to the hospital on the 18th of November in a complete state of delirium; on the following morning we ascertained that the child had been eight days ill. The night had been passed in a state of excessive agitation. He made water in bed, but had no stool. The child now lies in a state of stupor. The intelligence is dull; the tongue red and smooth; thirst great; febrile movement very intense; several rose-spots on the abdomen; but pressure seems to give little or no pain; the bowels are constipated. The physician ordered a bottle of Seidlitz water to be taken during the day; this produced six stools; one vomiting; delirium during the night.

20. The fever is now more intense; in the evening the pulse was 120, it has risen to-day to 130. The tongue, however, is not more dry; the abdomen is but slightly tender; there is a little meteorismus. The quantity of eau de Seltz is reduced to three glasses. 21st. The stools are very frequent, and the abdomen is more painful on pressure than it has hitherto been. The febrile action is very intense. *Suspend the Seidlitz Water.*

From the 22nd to the 27th, the fever continues, and is accompanied every evening by a paroxysm, during which the patient's intellectual faculties are completely lost. The diarrhœa persists equally; two or three liquid stools every day. No active treatment is had recourse to. The physician is content with ordering a cooling draught.

28. We observe numerous sudamina on the neck and chest. The skin is now moist, and the pulse has fallen to 104; the patient passed a quiet night. During the following days the symptoms gradually declined. The patient was allowed to take some solid food, and on the 10th of December she was discharged from the hospital perfectly well.

The above cases, and those which were described last week at pages 859 and 861, cannot be arranged under any other head than typhus fever; although, so far as we know, this latter affection has never yet been described by systematic writers as at-

tacking children at a very early period of life. However, the more we see of the diseases of children, the more we are convinced of the truth of the proposition laid down by M. Guersent, viz., that children are subject to all the diseases of adults, and, in addition, to certain maladies which are peculiar to their tender age. Thus, in the course of November last, we had occasion to observe the case of a boy, eight years of age, affected with an urinary fistula at the root of the scrotum, not the result of an accidental lesion, but produced in a gradual manner, like the fistula caused by stricture in the adult. Another case, not less rare, presented itself on the 18th of December, 1835. A boy, fourteen years of age, was brought to the hospital in a state of extreme weakness; pulse 1.0; violent pain of the abdomen; twenty to twenty-four stools in the day. The patient died in a few hours after his admission, and, on examining the body, the abdominal aorta was found to be the seat of three large false aneurysms; the superior of which, placed nearly on a level with the kidney, had given way, to the extent of a couple of inches. About the same time, a case of cancer of the abdomen was observed in the "service" of M. Jadelot, in a child six years of age.

The four cases we have detailed are sufficient to indicate the general characters of typhus in the child; the symptoms, indeed, seem to differ very little from those which mark the disease in the adult; there is the same prostration of strength, the same derangement of the intelligence without any sign of cerebral inflammation—in a word, the same tendency to adynamic and ataxic symptoms; however, the affection is, generally speaking, a much milder one in the child than in the adult; the mortality is much less for the former than for the latter, but the march of the disease is precisely the same, and after death we find the same lesions in the intestinal canal.

The treatment adopted at the *Hopital des Enfans Malades* is, in general, extremely simple, and differs widely from that which is pursued in England. M. Guersent commences by applying a few leeches to the abdomen (if the belly be at all tender), and pursues what may be strictly called the "expectant method," enjoining diet, cooling drinks, and a sinapism now and then to the legs. If, however, ataxic symptoms manifest themselves, he orders a tepid bath, with cold affusion on the head, and applies blisters to the thighs instead of sinapisms. The adynamic symptoms are rarely treated until they are very far advanced. A lavement, with quinine, is then thrown up the rectum, and a few spoonfuls of Bordeaux or Malaga wine are given every now and then.

M. Baudelocque is the only physician who employs the purgative method, so much in vogue in England since the publication of the work of Hamilton. The medicament he administers in preference to others is Seidlitz water. The advantage of purging, however, has appeared very doubtful, especially in the last few months, during which a tendency to dysentery has prevailed amongst the patients. In several cases the administration of a few spoonfuls of Seidlitz water, determined severe purging and dysenteric symptoms, which eventually carried off the patient. It is hardly necessary for us to make any farther remarks on this subject, we shall therefore merely observe, in conclusion, that, on examining the bodies of children which have been cut off by this disease, we have never yet discovered the least trace of inflammation in the cerebro-spinal system. The stupor, the delirium, and the convulsive movements, are merely sympathetic phenomena, and certainly are not connected with an organic change of the brain, yet how often do we see the whole attention of the physician directed to these symptoms!

P. H. Green.

APHONIA

OF TWELVE MONTHS' DURATION SUCCESSFULLY TREATED BY TONICS AND REPEATED BLISTERING.

To the Editor of The Lancet.

Sir,—From the following case we see the necessity and utility of a sufficient continuance in any line of practice we may deem requisite in chronic affections. At an early period of the disease, the patient had been twice blistered and had also used tonic medicines, but unfortunately they had been discontinued too soon. If, therefore, the publication of this case in your valuable Journal be in the slightest degree the means of restoring to any other similarly situated individual

that faculty which places us to each other in the relative capacity of social beings, my object will be fully accomplished.

I am, Sir, yours &c.,

JAMES INGLIS, M.D., M.R.C.S.E.

Castle Douglas, Feb. 23, 1836.

Jean Gibson, æt. 22, of a healthy and rather plethoric habit of body, was three years ago seized with cholera, during the rage of that epidemic. The attendant surgeon using large doses of calomel for the removal of this disease, poured into her a double portion in consequence of a relapse. Ptyalism to a considerable extent followed, and she continued extremely weak for a long time afterwards. Recovery to health gradually took place: and she continued a servant to a family in the neighbourhood, until, being exposed to the cold night air, about the end of last February, she contracted a cold, accompanied by a considerable degree of sore throat. On Saturday (the day following the exposure) she complained more of the throat, and got hoarser towards the afternoon, which hoarseness continued to increase till the Monday morning, when the voice entirely left her.

In consequence of this attack she left her place and returned home; but feeling herself much better at the end of a fortnight she again entered service. For several weeks the throat annoyed her, but at length, without using any means, it got quite relieved, so far at least as pain was concerned. From that time to the present she has enjoyed good health, every function of the body being normally performed, with the exception of that of the organ of voice. In the month of June or July she applied to a gentleman of considerable note, who, after trying the effect of several remedies, at last dismissed her with the consolation that the voice would never again be restored. After this, several medical men saw her, and had administered tonics, expectorants, acids, sarsaparilla, iodine, &c. &c.; she had also been twice blistered, but all with a similar result, so that the conclusion was that the profuse exhibition of calomel being the cause, the disease could never be remedied.

It was under these circumstances that during some part of the month of November she first applied to me. On reviewing her case, I considered that the mercury could not have been the cause, inasmuch as two years had elapsed since its exhibition, whereas had it really been so, the effect would have been much sooner apparent. My opinion was that the loss of voice arose from a thickening of the laryngeal mucous membrane, and atony of the vocal chords, the consequence of inflammation, now chronic, and that if that could be overcome the speech would be restored. For this purpose I recommended repeated blisters along the larynx and trachea, one every fifth or sixth day, just as soon as the surface would admit of its reapplication. At the same time she was ordered to avoid cold, and to take internally every morning one of the following powders. ℞ *Carbonatis Ferri Precipit.* ʒii; *Colombæ* ʒiij; *Pulv. Aloes* ℈ij. M. et divide in pulv. xviij. After taking these eighteen powders, and blistering three times, I thought I could discover some improvement, I therefore repeated them, with the addition of ℈j of quinine, and ordered a continuance of the blisters. She remained nearly in the same condition, till after having taken the thirty-sixth powder, and having blistered six times, the voice was restored, and she now speaks with all that freedom and volubility which characterize her sex.

AMENORRHŒA.

A CASE of amenorrhœa successfully combated by the application of sinapisms to the mammæ, is related by M. HULIN-ORIGET, Secretary to the Medical Society of the Indre and Loire, in France, in the Revue des Journaux de Médecine for August last. The number of analogous facts are so considerable, that no doubt can remain with regard to the suitableness of the means in numerous cases of amenorrhœa, and now that their efficacy is rendered so unquestionable, it only remains to state the description of cases in which the sinapisms may be employed with hopes of success, at the same time indicating those in which this measure is contra-indicated, for we do not expect that all obstinate cases will be so treated with equal advantage. At present we shall simply give further circulation to the new fact which we have above mentioned, in addition to those which are already known.

Case.—Josephine B, aged fifteen years, of a lymphatico-sanguine temperament, and having a good constitution, had had her catamenia only thrice since her eleventh year. In the spring of 1832 she was seized with convulsive motions of the arms and wrists, in consequence of profound grief and sudden alarm. Some days afterwards she was unable to move the left arm, which, at the same time, was affected with excessive sensibility, and so continued for two months, though antispasmodic medicines and camphorated liniments were diligently employed. Three months afterwards both legs became paralytic, successively, and continued in that state for ten weeks, not being relieved by the application of leeches to the thighs, nor by frictions with ammoniated liniment upon the legs. In

April 1833 she experienced a new paralytic attack of the legs, which diminished after she had been seized with vomiting of blood in small quantity. At the commencement of the year 1835, she had a most severe attack of angina tonsillaris, and afterwards a paralysis of the left leg, accompanied by an intolerable pain over the trajet of the sciatic nerve of the right leg. She was relieved by one blood-letting, but not cured thereby.

She was in this situation upon the 22nd of February, when the reporter states that he attempted to restore the flow of the catamenia by irritating the mammæ in the manner proposed by Dr. Mondière. Two cataplasms, prepared with five ounces of mustard, were applied to the outer and external sides, and also to the superior portions of the mammæ. The severe pain which she experienced in about fifteen or twenty minutes after the application, forced her to remove these cataplasms, which reddened the skin, and rendered it very sensible to the touch. The next day she had a considerable flow of leucorrhœa, and the third day she had an abundant catamenia, which, instead of four, continued during seven days, as in the months of August and September. On the 3rd of April this person enjoyed good health, and walked out freely. The mammæ are developed, and since the return of the catamenia she has grown in a remarkable manner. We think (adds the author of the case) that this salutary revolution was hastened by the augmentation of the vital activity of the uterus, and is attributable to the artificial irritation of the mammæ.

HOUSE OF COMMONS.

March 1, 1836.

MEDICAL WITNESSES BILL.

Mr. Wilkes said, that before the Honourable Member for Finsbury rose to make the motion he was about to submit to the House, perhaps the House would allow him (Mr. Wilkes) to present a petition on the subject of that motion. The petition was from Mr. Baker, a surgeon and apothecary, residing at Hoxton, in which document the petitioner made the following statement. On the 22nd of July, 1835, the petitioner was requested to undertake the post-mortem examination of a person who was supposed to have been murdered. He attended before the Coroner, who postponed the examination until the following day, in order that the examination might take place, and on the following day the petitioner was requested to submit the contents of the stomach to analyzation, to allow which, the inquest was again adjourned for three or four days. The analysis occupied several hours of several days of this professional gentleman's time, and subsequently the petitioner gave his evidence, when the Coroner and the jury felt that he was entitled to remuneration, and unanimously expressed their approbation of the intelligence and talent he had exercised on the occasion, and their gratitude to him for the assiduity he had manifested, at the same time recommending to the parochial authorities that he should be paid for his professional attendance and labour, the ordinary charge for which would have been ten guineas. However, he only applied for three guineas, when the answer was, that they had no power to make him any compensation whatever, out of any fund over which they had control. Under these circumstances the petitioner felt that the Legislature ought to interpose, giving power to the Coroner to award to professional men some remuneration when their time and talents were thus drawn upon. (*Hear, hear.*) He (Mr. W.) knew perfectly well, that by far the greater proportion of professional gentlemen were decidedly convinced, that for the ends of justice a remuneration of this nature ought to be provided. A petition was in the hands of his honourable friend, the member for Southwark, signed by several hundreds of the physicians and surgeons of this metropolis, in favour of that provision, and, undoubtedly, the case urgently required legislative interference.

The petition was then ordered to be laid on the table.

Sir John R. Reid said, that he also had a petition to present on the subject. It came from the medical gentlemen of Ewell, in the county of Surrey, requesting that the House would take into consideration the difficulties with which they had to contend as witnesses at coroners' inquests, and praying the House to provide a fair remuneration for their trouble. He entirely concurred in the sentiments expressed by the hon. Member who had just sat down (*hear, hear*), and he had no hesitation in saying, according to the view he took, that no individuals in society were so badly paid as gentlemen in the medical profession. (*Cheers.*)

The petition was ordered to be laid on the table.

Mr. Barclay said, that he also had had a petition entrusted to him for presentation from medical gentlemen in a town in the county with which he was connected, and which he regretted much he had not brought down with him to present on this occasion. The petition was to the same effect as those which had just been presented, and his own opinions upon the subject entirely concurred in those which had already been expressed. (*Hear, hear.*)

Mr. D. W. HARVEY said, that he had a petition to present, signed by 826 gentlemen, all of whom were distinguished for their professional eminence in this metropolis. Indeed, he should think it invidious to select any names from amongst them, except merely for the purpose of stating, that amongst others it was signed by the presidents and the vice president of the Royal Colleges of Physicians and Surgeons, Sir Astley Cooper, and Sir Anthony Carlisle, who all stated that great inconvenience as well as great injustice had occurred, in consequence of the absence of a compensation to medical gentlemen who were called upon to attend at coroners' inquests. He trusted that the bill, which his hon. friend the Member for Finsbury was about to introduce, would, under these circumstances, be successful in its passage through the House. (*Hear, hear, hear.*) He had also a petition to present, signed by sixty-five professional gentlemen, resident in the Borough of Southwark, to the same effect.

The petitions were ordered to be laid on the table.

Mr. WAKLEY.—Sir: From the very favourable manner with which the House has been pleased to receive the petitions which have just been presented, I am sure I shall not have occasion to occupy your time for more than a very few minutes in explanation of the nature of the Bill which I wish to introduce. When, last year, the County Coroners Bill was before the House, the House will recollect that it contained a clause professing to provide for the remuneration of medical witnesses at inquests, which clause, however, shared the fate of the whole of the Bill, the Bill being rejected by the House; and, I think, very properly, for it was perfectly unsuited to the objects which the honourable Mover sought to attain. I am ready to admit that medical gentlemen may not, in some respects, be more useful when they attend as witnesses than others, but it should be borne in mind that medical men attend the Coroner's inquest in their professional capacity. They do not attend as casual observers of the event which may have occasioned the inquest; but as professional men, who alone can give that information which is essential to the ends of justice and the basis of a true verdict. The duties which medical men have to perform are exceedingly important (*hear, hear*); they are very difficult of accomplishment, and very frequently attended even with danger to life. A post-mortem examination is not to be conducted in haste, or without science and trouble. Many instances within my own knowledge have arisen where a post-mortem examination has necessarily been protracted through a period of eight or ten hours, and yet where the medical witnesses who conducted it, and gave evidence of the facts they discovered, obtained no kind of remuneration, the Coroner having no power to award them the slightest compensation. Now, Sir, this is a state of things which ought not to be allowed to continue. (*Hear, hear.*) I can assure the House that the present deficiency in the law is not so injurious to the medical man as to the public at large (*hear, hear*), because it entirely defeats the object which the public have in view in upholding the Coroner's inquest, which is one of the most important offices in England, and almost the only office to which the people have still the power of electing their own judge. Yet unless that judge be invested with the power to give compensation to medical witnesses, I do think that the Court has a tendency to become almost useless. (*Hear, hear, hear.*) When the Coroner calls a medical man before him, he has not the power of requiring the witness to make a post-mortem examination, although the result of that examination may be the only disclosure which can enable the jury to return a correct and faithful verdict. Within a very short period several inquests have been held in this metropolis upon the bodies of persons who have died under very extraordinary circumstances, and I may mention that quackery at this moment (*hear, hear*) is producing more victims (*hear, hear*) than it ever did at any former period. (*Hear, hear, hear.*) It is fearful to observe the consequences which flow from the advertisements of quacks with which the newspapers teem (*hear, hear*); and I should be glad, indeed, if his Majesty's Government would resolve on the removal of those disgraceful outrages upon society, by preventing quack medicines from going forth to the public under the authority of Government stamps. At an inquest held a few days ago, the circumstances of which have excited great indignation, several medical men attended, all of them, of course, without obtaining compensation. Had they been selfish or mercenary enough to refuse to attend, or had they withheld their information as professional men, what verdict could have been returned? How completely might justice have been defeated on that occasion! And how frequently do similar instances occur! Now, Sir, when we take these points into consideration, and observe the anxiety of the people to have faithful verdicts recorded, I do trust that the House will not refuse to grant that compensation to medical witnesses which will be ensured by the passing of this bill. As I am sure, from what I have observed to-night, that the principle of the bill will be sanctioned by the House, I shall not at present enter upon its details, but merely, with these observations, move that leave be given to bring in a bill to provide for the payment to medical men who may attend as witnesses at coroners' inquests.

Mr. Attorney General—Sir, From my experience I will venture to say that the Bill for the bringing in of which the hon. Member for Finsbury has now moved, will be exceedingly useful. (*Hear, hear.*) I have known several cases where public justice has been obstructed in consequence of competent medical evidence not having been given before a Coroner's jury. Juries either are without that evidence altogether, or, when it is obtained, the injustice of refusing to award a fair and honourable remuneration is committed. (*Hear, hear.*) I would only suggest to the hon. Member in bringing in this bill, to take care to have it so framed that it shall not be made the means of a *job* by the coroners themselves. (*Hear, hear.*) Coroners have before now made a job of their office, and unless care be taken they will make a job of this, by calling in a medical *friend*, and giving him a couple of guineas where there may be no necessity whatever for his evidence. With that caution against abuse of this kind, I certainly do think that where medical men are called in, on fair occasions, they ought to be properly compensated. (*Hear, hear.*)

Sir Robert Inglis thought it might be desirable to know from what fund it was proposed by the hon. Member for Finsbury that the medical gentlemen should be paid? Was it proposed to throw the payment upon the parish or the county?

Mr. Wakley considered that it would be better not to enter into a consideration of any of the details at present, though he did not object to saying that in his opinion the payment ought to come from one of those two sources. On seconding the motion,

Mr. Warburton said that of course the hon. Member for Finsbury would take care in the bill that professional gentlemen were paid for their attendance; but looking at cases where the talent of persons of superior information was called into action, where their materials and apparatus were required in an analysis, he should think that the compensation would fall short of what it ought to be, unless there was reference had to the expense of the education of the individual. (*Cheers.*) It seemed impossible that the parish could have refused to pay the petitioner in the case detailed by the hon. Member for Boston, but having refused, he would advise him to present himself at the Home Office, and inquire if the justice of the country was to be defeated because he could not afford to give his time and labour in the manner required, or whether a fair remuneration would be made to him. Until such a bill as his hon. friend the Member for Finsbury, proposed to introduce, became the law of the land, he should certainly recommend medical witnesses, much of whose time and attention was required in Coroners' courts, to apply at the Home Office for payment for their services. (*Hear, hear.*)

Sir Geo. Strickland said, that he was quite favourable to this bill being brought in; he was very sure that such a bill brought in by the hon. Member for Finsbury would be passed into a law. (*Hear, hear, hear.*) If, however, what the hon. Member for Bridport had suggested, was carried into effect, a principle would be raised which could not be satisfied in the quarter mentioned, from want of proper funds, in consequence of which the applications for remuneration could not be complied with to the proper extent which the services of well-educated medical men would require. (*Hear, hear.*) The hon. Member who had brought forward this measure ought to take care that a proper compensation was provided in the bill. He (Sir G. S.) well knew the liberality of the medical profession. (*Cheers.*) He believed that no class of individuals in society devoted so large a portion of their time, and underwent so much trouble, for the public, and for the poorer classes especially, and he was quite sure that neither the public, nor the legislature would raise any objection to a remuneration, on all proper occasions, being provided for such men (*hear, hear*); and he was quite satisfied that those gentlemen who devoted so considerable a portion of their time so liberally for the public good, would be satisfied with a small remuneration for attending at Coroners' inquests; but remuneration they undoubtedly ought to have.

The Hon. A. Trevor (who was almost inaudible in the gallery) said, that he could not forbear expressing the great satisfaction he felt at the honourable Member for Finsbury having given notice of this important measure. All men must be agreed, that compensation ought to be provided for medical men who attended as witnesses at coroners' inquests. He knew no body of men whatever who were so essentially useful to the public, or who did anything like so much good to the poorer classes of society (*cheering*), and they were entitled to all the consideration and assistance which that House could afford them. He did not entertain any great apprehension that a measure like this would be converted into any thing like a job. (*Hear, hear.*) From what he knew of the respectability of coroners in general, he could not persuade himself that they would attempt to disgrace themselves by converting such a measure into a means of abuse, even if it were in their power to do so. Still, if that were possible, he was satisfied that the object with which the hon. Member for Finsbury was about to introduce the bill, would greatly counterbalance any evil that could result from its operation in such a way. (*Hear, hear.*) He could not allow the House to

grant leave to introduce a bill of this description, without expressing his most anxious hope that it would be passed into a law.

Mr. JERVIS said, that he was not about to make any objection to the introduction of the bill, he only wished simply to observe, with respect to the existing law, that if a coroner desired to have the attendance of a medical man at an inquest, and issued his warrant to the parochial officers, calling on them to send a medical witness, and they did so, that medical man would undoubtedly have a claim upon them for compensation, which he could enforce. He believed that no doubt existed on this point, and if the hon. and learned Member, the Attorney General, would take the trouble of looking into the old law affecting the case, he would find it to be as he (Mr. J.) had stated.

Sir J. R. REID was understood to say, that he did not believe that the petitioners whose petition he had laid on the table, did so understand the law, but, however that might be, it became the duty of the Legislature to put the right of medical witnesses to compensation beyond dispute, or difficulty. (*Hear, hear.*)

Mr. SOLICITOR GENERAL said that he knew many cases in which medical gentlemen had been summoned to give evidence at Coroners' inquests, without being able to obtain any remuneration whatever. This was, undoubtedly, a great hardship. In some of the instances they had had to travel a long distance, and give up a very considerable portion of time. The bill now about to be introduced, was one in which the medical profession at large took a very great interest; and although, perhaps, strictly speaking, as had been stated by the hon. and learned Member opposite (Mr. Jervis), medical witnesses might, at present, have a legal right to claim compensation, yet he knew of no means by which the law could be enforced, and as the bill of the hon. Member for Finsbury seemed to be admitted by all to be only a matter of right and justice to a most meritorious class of persons, he sincerely hoped that that bill would meet with no obstruction in its progress through the House. (*Cheers.*)

Mr. PLUMTREE said, that the bill should have his utmost support. As the hon. Member for Finsbury was himself a medical gentleman, he had no doubt that the provisions of the bill would be judiciously framed, and he merely wished to express a hope, that it would be distinctly provided whether the compensation was to come from the parish or the county, that there might be no difficulty or delay experienced afterwards in obtaining the remuneration to which the witnesses would be entitled.

Mr. WAKLEY said he thought that what had been stated with respect to the law of the case by his honourable and learned friend near him (Mr. Jervis) would be found by him (Mr. J.) to be not quite correct. It was quite true that coroners might direct overseers to produce a medical man as a witness, but it was equally clear that that medical man, if he pleased, might refuse to give evidence. He might say—"I will not open the body. I will give no testimony respecting a post-mortem examination;" and the coroner has no power whatever either to compel him to make the examination, and state his opinion on the cause of death, or to commit him for a contempt of court. Now he (Mr. W.) wished to give the coroner more power; but, at the same time, as a set-off against that power, he wished to give the medical man a due compensation. (*Hear, hear.*) He would at the same time assure the honourable Member (the Attorney-General), and the House, that it would be his anxious wish to guard against the possibility of jobbing under the provisions of the measure, because jobbing was what he most cordially detested. (*Hear, hear, hear.*) He knew that in Ireland there had been much jobbing carried on under the Coroners' Bill, where five guineas had often been paid unnecessarily under the Act, but he would take care to guard against such an abuse here. With reference to what had just been stated by the honourable gentleman opposite, he could only say that he should be perfectly satisfied with the decision of the House as to whether the compensation should come from the parish or the county. (*Hear, hear.*)

Leave was then given to bring in the bill, amidst the cheers of the House.

When Mr. WAKLEY alluded to the prevention of quack medicines from going forth to the public under the sanction of Government stamps, the cheers which came from the House were heartily joined in by the MINISTERS.

CONCOURS

FOR THE ELECTION OF HOUSE-SURGEON AT THE

NORTH-LONDON HOSPITAL.

THE election for house-surgeon to the North-London Hospital, has again been decided by *concours*, Mr. WALLIS, the first gentleman elected to the situation on the score of *qualifications* alone publicly demonstrated, having completed the term of his duties. In giving a report of the proceedings at that election (No. 23, Vol. 2, 1834-35), we stated some particulars respecting the hospital, which it is unnecessary to repeat. It will be sufficient to say, that the office of house-surgeon to this hospital is awarded to the most approved of the competitors for the prize; every dresser of three months' standing is eligible as a candidate for the

office. The examination was now conducted in the following manner. There were four candidates. The answers were given in under cover, with mottos:—

1st DIVISION. The principles of treatment in surgical diseases.—*Questions.* 1. The relations of the femoral artery. What part of the vessel is preferable for the application of a ligature? State the reasons for its being so. What are the steps of the operation, and the cautions to be used in its performance?

2. How would you treat a simple fracture of both bones of the leg? How would you treat a compound fracture of the same bones? Describe, particularly, the position of the limb, and the mode of applying the several parts of the apparatus.

3. Describe the symptoms of retention of urine, as arising from enlarged prostate, and the treatment. What is to be expected if the bladder be not relieved?

4. Describe the coverings of an oblique inguinal hernia, and the relative position of the vessels and the epigastric artery to the neck of the sac.

2nd DIVISION. The performance of those operations which are likely to be required of the house-surgeon. (This and the third division were conducted in the clinical theatre before a large assemblage of students and practitioners. The questions, the reasons for the operations, &c., were written down, and a number of them were put into a hat, when one was drawn by each candidate. The operations were performed by the gentlemen successively, only one candinate being present at a time.)

1. Removal of first and second phalanges of the finger.

2. Amputation of the finger, with a portion of the metacarpal bone.

3. Application of a ligature after amputation below the knee.

3rd DIVISION.—Actual application of apparatus, &c.

1. Name the instruments required in amputation of the leg.

2. Show the mode of reducing luxation of the humerus, when dislocated into the axilla downwards and forwards.

3. What are the appearances of such dislocation?

4. The application of bandages required in fracture of the clavicle.

The medical committee of the hospital conducted these examinations. The successful candidate was to have been named last Monday, the final examinations having taken place on the previous Saturday. On Monday, however, it was found that two of the candidates were considered to be, in every respect, equal in the scale of merit, and it was deemed necessary that those two gentlemen should submit to a *viva-voce* examination by the surgical staff of the hospital in public, each of the surgeons putting two questions, which were the following:—

1. Suppose a penetrating wound of the palm of the hand required your attention, that it had bled considerably at the time, and a ligature was applied, and that at the end of six or eight days hemorrhage came on, what would you do?

2. Describe the symptoms and treatment of œdema of the glottis.

3. Describe the symptoms of dislocation of the head of the femur into the obturator foramen.

4. The symptoms of dislocation of the same bone into the ischiatic foramen.

5. What parts would you cut through, and what avoid, in the operation of tying the subclavian artery in the first part of its course?

6. Give the relations of the prostate gland, and what you divide before you come to it in the operation of lithotomy, cutting from the perineum inwards.

After these questions had been answered by the respective candidates, the committee retired, but shortly afterwards again entered the theatre, when Dr. THOMSON announced, that after the most impartial examination of the papers, and a full consideration of all the proceedings, the Committee had decided on electing Mr. HODGSON, of Halifax, to the vacant office. The announcement was received with cheers. Our reporter adds, that "wishing to ascertain how far the statements were correct which are sometimes urged respecting the nervousness of candidates at public examinations, he inquired of the gentlemen who submitted their acquirements to the ordeal on the present occasion, what degree of anxiety they experienced; when he found that two of them were not at all alarmed, and that two did not experience more perturbation than they considered they might have felt, had they been subjected to the same tests in private."

CONTINUED CORRUPTION IN THE

DUBLIN COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR, — The period rapidly approaches which will terminate the hopes and fears that have so long beset the several parties in the medical world, according as they are friends or foes to that expected renovation of our institutions, which is to abolish all monopolies, and introduce an order of things which is calculated to promote science, and secure the interests of the medical profession. All eyes are directed to Mr. Warburton. Meantime intellects of every caliber, pens of all degrees of power (and why not

mine), are in active operation; while THE LANCET, with a liberality and a regard to general interests, beyond all praise, affords every facility to free and fair discussion. It is devoutly hoped that all this may eventuate in a measure of genuine and general reform, one which will sweep away all abuses, and enact such wholesome regulations (uniform for the three kingdoms, conferring equal privileges in all) as shall ensure adequate knowledge in the practitioner, honourable conduct and *protection* in the exercise of his profession, and guarantee to superior acquirements those offices of honour and emolument which are so basely prostituted to faction or nepotism.

As regards other medical institutions, great are the difficulties that will oppose the intention of the Legislature; but it should be remembered at this important moment, that in the case of the Irish College of Surgeons, there is a field which is perfectly open for the most extensive experiment in medical reform. It is a *new* institution, which has grown up in our own times, in which there are no *ancient* abuses or privileges made sacred by the touch of time. It presents no vested rights; its corruptions, though they may be intense in degree, are but the jobs of yesterday. Here, too, a very strong and respectable body loudly demand reform. In fact, this body forms the majority of the College, if you deduct the present possessors and the gaping expectants of office, who (with a staff of unthinking retainers, men of no minds, who merely continue the habits of submission which they contracted during the servitude of their apprenticeship) alone constitute the faction. Even of this medley crew, the expectants will, without doubt, swell the number of reformers, when they perceive which way the wind blows, and that they can no longer hope to rise by the corrupt and factious steps by which their jobbing superiors have so easily obtained distinction. Thus the Irish College of Surgeons will be found most pliable, and present but little obstacle to the most thorough and searching reform.

The faction, too, deserve no mercy; for in opposition to justice, and to public opinion specially directed towards them, in the very teeth of repeated warnings, their conduct has been, and still is, marked with as great, if not greater depravity, than in the palmy days of rampant toryism; jobbing and corruption are perhaps more rife than ever; intrigue and petty party malice are still in full operation.

1. The infamous blackball still outrageously deprives the *majority* of the profession of their just and legal rights, Mr. Cusack's exclusive declaration being still unrepealed, and superseding by-law, charter, and every thing else.

2. The same factious conspiracy still returns or dismisses officers. Witness the continued exclusion of some, and the recent dismissal of others, who had the courage to show any symptoms of independence. Witness the appointment of Mr. Harrison, as *professor*, where he lectures in the school; as *censor*, where he examines his own pupils for license (reporting to the College on the excellent and effective condition of the school); and as *secretary*, where he publishes the results of his valuable threefold labours. Witness Mr. White as president, and Mr. Jacob as vice. Doubtless in this selection the College wished to mark their high sense of the consistent political integrity of the one, and the pure oath-regarding morality of the other, as well as the general eloquence and profound scientific attainments of both.

3. Professorships, old, new, or *subdivided* (a scheme to increase patronage, and present an imposing appearance in puffs), are filled up according to that system which *has* hitherto *worked so well*; viz., as soon as a chair is declared vacant, the faction forthwith most industriously pass a number of by-laws, no matter how gross, impolitic, or inconsistent, which ensure the return of the favourite of corruption. It is of little consequence though he be a beardless boy, and is opposed by a gentleman of vast experience and practice; he must be elected, especially if he come from the manufactory in Park-street, whence have been drafted in latter times no less than six professorial pedagogues. This, to be sure, is but a trifle, but it serves to show what a consenting organization exists between these sympathetic Siamese twins of corruption. There are now three vacancies; doubtless two, at least, will be filled up with scions from the same prolific establishment.

4. College funds, are disposed of with the same rigid economy, the same scrupulous regard to *general* interests, as heretofore: for instance, two recent extraordinary expenditures, viz., one of 180*l.*, to the curator, for his extraordinary birth of a *ridiculus mus*, which, after a marvellous gestation of ten years, he was at length safely delivered of in the shape of the *first number* of the Museum Catalogue; a work which, be it remembered, by the performance of his paid service he would have completed years back. This was characterized by the learned mover of the vote, as the most perfect, most classical, and most marvellous production of modern times; an opinion in which I regret to state, THE LANCET, in a review of it, had the sad ignorance and want of taste by no means to coincide. And, secondly, 100*l.* to Messrs. Jacob and Harrison, in order to watch his Majesty's Government, and prevent their having the audacity to grant a charter to the University of London, a matter which is likely to prove injurious to their private school, commonly misnamed

that of the College. To what an admirable pitch of perfection has the College advanced, when it enables a couple of vulgar provincial adventurers to browbeat the prime minister of the first nation in the universe! Alas for Lord Melbourne!

5. Business is still transacted after the old fashion, and to meet old objects. The College is variously and injudiciously pledged, and money is granted on the faith of documents garbled in the reading; precedents are discovered, insisted on, and sworn to, to meet every occasion; order, decorum, and fairplay, which prevail in all other, even the most unlearned meetings, are here still shamefully violated and utterly disregarded. It would be invidious, and indeed difficult, to select a *single* instance.

6. Reform is still in the same ill odour, and as hateful a thing as ever. Never did juggling fiends more fully break the word of promise to the hope, than did the concours and by-law *reform* committees, both of which,—after giving such dreadful note of preparation, after keeping the College on the tiptoe of expectation for nearly a year, —have, alas for the instability of human hopes! departed this life, each giving birth, with all the agonizing throes of a dying mother, to a luckless report. One, mothered by a Mr. Evanson, whose celebrity has not yet I fear extended beyond a very small, but *select* circle of course, recommends a premium of 50*l.* for the best essay on the concours. It is not difficult to foresee how this job will terminate, but it has the advantage, as he, poor thing, thinks, of cushioning the question for another twelve months, and throws overboard all intention, in spite of promises ad infinitum, of the concours experiment, although no less than five opportunities have already offered. The other, calved by the redoubted James Cusack, is content with recommending limits in its first (and, it is prophesied, its last) report to the College, to take no cognizance, as heretofore, of apprenticeship bargains, and also to adopt certain modifications of the half-yearly examinations; that is, the evils of both are still to be retained, for James Cusack's words are a law to a certain party in the College. Now, the examinations are notoriously a humbug, presenting an imposing aspect to the gullible public, and forcing pupils into contact with the school and its professors, to be tampered with and seduced, as has been attempted before now; while, on the other hand, they are felt as a most tyrannical hardship and inconvenience by students. By the suggested arrangement about apprentices, the whole system will continue in full operation, though not appearing on the College books, and will still be a source of immense revenue to James Cusack, and this the said James knows right well. Such are the splendid results that crown the unparalleled exertions of the faction in the cause of reform. It is to be feared, however, that the impatience of the Legislature will interfere with and prevent what has been commenced and continued under such very very favourable auspices. What a pity!

7. The same tender regard is paid, as heretofore, to *general* interests and measures of *general* utility; never is prejudice or partiality allowed for a moment to divert the even current of calm deliberative justice. Witness the treatment of two gentlemen, both reformers, at a very recent meeting of the College. One of them moved for a committee to consider what means might be devised to render the subjects of comparative anatomy, purchased by College funds from the Zoological Gardens, more available as sources of information to the members of the College. By the present arrangements, all opportunity of information is confined to the curator and professors of anatomy, who also, as they purchase with College money, drive all competitors from the field. All the value the members of the College derive, consists in the few preparations that result to the museum, which could probably be purchased cheaper, if all the attending expenses be taken into consideration. This, however, being a measure of general advantage and liberal consideration, was indignantly scouted by a meeting prepared to scout anything, so that the private huxtering of Mr. Jacob continues triumphant. The other reforming member tendered, in the usual form, a notice of motion to found a chair of comparative anatomy and zoology, calculated for the members and licentiates of the College. The tendency of such a motion being to establish something of value and interest to the profession, beyond the miserable and contemptible elementary school to which the selfish cupidity of the professors confines all the exertions and funds of the College, it was forthwith audaciously ruled by Mr. Vice Sec. Harrison, and Mr. President Cholera White, illegal, and actually refused as such. A notice of motion, tendered in regular form, illegal! Such a violation of all precedent, custom, and courtesy, such an exercise of tyrannical impudence on the part of Mr. White, forms a striking contrast with the dignity, urbanity, and impartiality of Mr. Read, the late president. Such an outrage, even in the Irish College of Surgeons,—and surely no other chairman would dare to act so, at least without being forthwith brought to a knowledge of his duties,—I must confess astonished me. I shall be more astonished if the member in question, who has hitherto passed for a gentleman of spirit and independence, quietly submits, without a public protest, to the ignorance, the impertinence, and the illegal proceeding of Mr. White.

But there is no end to the facts that go to prove, that the innate depravity of the faction continues unabated, and that even at this, the eleventh hour, they are without a single redeeming feature in their case. *Delenda est Carthago.* I am, Sir, your obedient servant,

SILENS.

Dublin, Feb. 27, 1836.

NEW CORPORATIONS.—MEDICAL CORONERS.

We select the following passages from the published letter of Mr. ROGERSON to the New Corporations, mentioned by us last week at page 888:—

"The municipal reform bill has, either directly or indirectly, placed in your power the local administration of justice, and the election of the officers who preside over its courts. Of these, the coroner's court is one of preliminary inquiry, and, viewed in its relations to society, occupies a conspicuous and important rank.

"Highly responsible is the execution of the trust reposed in you, and fully believing that the day is gone by, when adherence to antiquated customs prevailed over the improvements and advances of knowledge, I respectfully address you, that the coroner's court may be reformed by the application of that science, which alone can efficiently administer justice through the detection of the causes of death. The science is that of medicine."

Having reviewed the duties of the court, Mr. Rogerson says,—

"Having ascertained the first principles which govern the court, the object will be to find a class of society who can best reduce these to practice, and carry them fully into operation. Is a lawyer, whose business cramps his mind, in the study and perversion of precedents, acts of parliament, judges' versions of them, and in mechanically copying forms of law, best qualified to preside in such a court? Decidedly not,—will be the immediate answer. His professional learning and habits of life never lead him to acquire the extensive knowledge of *medical science* which is requisite for the execution of these duties of the coroner's court. So defective do attorney-coroners find themselves on this point, that they are in the habit of carying with them to inquests a small manuscript copy, neatly and closely written, containing a list of the most common poisons, the principal symptoms following their administration, and a short description of dangerous wounds, and of the appearances of the body from drowning, hanging, &c.* How miserably defective must that inquiry be, when the highest authority and chief director of a court is obliged to consult so imperfect a document, before he can proceed with, and continue an examination, which may put the life of a fellow being in jeopardy, and may perchance destroy, what may be dearer to him —his *reputation!* His medical ignorance necessarily prevents him from safely, justly, and properly conducting this inquiry.

"An objection, deceptive without the merit of plausibility, may be offered against the absolute necessity of appointing medical coroners. 'These inquiries, important and necessary as they must be admitted, can be obtained from a medical witness.' A coroner is present at every inquest; a medical witness sees very few of them, and at the majority of these few, the assistance of a medical practitioner is, according to the present practice, required only on account of some glaring suspicion, or strong communication, which stupidity itself could not overlook. Are the great majority of deaths on which inquests are taken, and the causes of which are unenlightened by medical witnesses, invariably unattended with suspicious circumstances? A great number of sudden deaths, requiring inquests, are suspicious, and a medical coroner, who, by the nature of his profession, is best acquainted with the *causes* and *appearances of death, is enabled at once to decide on the truth or falsity of these suspicions, and on the necessity of instituting a right examination by a medical witness.* A coroner, with a smattering of knowledge, or with a total ignorance of medical science, will most certainly commit errors. One fact is said to be worth a thousand reasons, and among the number supporting the truth of this last position, I will offer the following, related by the late Mr. Hunt, which occurred during his confinement in Ilchester jail:—A prisoner died at eleven o'clock in the morning, and on his body an inquest was held by a non-medical coroner, under whose direction a verdict was returned of accidental death. It was afterwards proved on oath, before the Commissioners of Inquiry, that the unfortunate man was killed by a blow inflicted by one of the turnkeys, who had chained him by the neck to the wall for rioting and drunkenness, and was irritated by his abusive language. An error so egregious as this could not occur with a *medical* coroner, for the view of the body required by our laws

* One of the coroners for Middlesex goes beyond this. He carries with him an unabridged copy of "Buchan's Domestic Medicine," and appeals to it for information, and correction of the medical witnesses, on all doubtful occasions. It was in constant use at the late inquest on the body of Capt. Mackenzie.

would soon inform him of the necessity of directing this inquiry to be prosecuted by anatomical examination and further verbal investigation. The election of a medical coroner for the county of Somerset was the *first step towards an investigation of the abuses in Ilchester jail.*"

Mr. Rogerson proceeds to argue various other questions, and thus illustrates some of them:—

"General truths acquire additional force by the illustration of example; and the inability of non-medical Coroners to estimate the validity of evidence on, and conduct an examination relating to, scientific questions on death, is shown by the 'CASE of the unfortunate Eliza Fennings. It was stated that the knife, which was a steel one, and which she had used to cut a pudding, was made black by that act, and that, therefore, the pudding contained a combination of arsenic. This, too, was asserted by a medical witness, and was the strongest evidence against her; but this combination of arsenic could not blacken steel. The Coroner knew not this chemical fact, and could not therefore discover the necessity of other and better evidence on this point, nor explain to the jury the value at which it should be estimated. The non-medical Coroner knew not the error or truth of the opinion, on the blackening of steel by this preparation of arsenic.'

"In Liverpool, Mrs. —— died in childbed, after an illness of eight days. Instruments had been used to effect delivery. An inquest was held on the body, and a verdict of manslaughter was recorded against a young gentleman (a medical assistant), who was publicly sent to the county jail at Lancaster, pinioned to a common felon. The evidence implicating this young gentleman consisted in statements, showing that he was present from an early period of the labour, and when instruments were used by others, that he *interfered* too much, which evidence was only hearsay, related to another by the suffering lady herself; and that he was seen in an ante-room with instruments in his hand, when he replied in the affirmative to one asking if he was going to use them. With this evidence, defective, presumptuous, unsatisfactory, and of secondary consequence were the Coroner and his legal officer content, and, in consequence of their incompetency from want of medical knowledge, they could neither assist the jury, nor promote the investigation, by ascertaining the nature and extent of the '*interference*' and the part he *interfered* with, which were the head and front of his offence, and what was the consequence of that interference, and what use he made of the instruments. Highly important and absolutely necessary as these points of the investigation were, the Coroner, through ignorance of medical science, could neither question nor appreciate, though witnesses were present from whom the inquiry might have been made. Upon this evidence, defective, and miserably managed, was this young gentleman singled out as the only victim, and he appears to have been made the principal in the first degree of guilt, which was more strange and surprising than all other errors. He was subsequently discharged, on the surrender of his bail, without redress."

"I have," says Mr. Rogerson, in conclusion, "briefly and impartially pointed out the principal knowledge necessary for efficiently conducting the Court of the Coroner, which is in its nature essentially medical. The requisite legal information is soon gained by any rational individual, for the examinations seek into MATTERS OF FACT RATHER THAN OF LAW. The Court is not one for the decision and examination of points of law, and for the award of punishment, but of preliminary investigation and inquiry on *violent, sudden, and unnatural deaths, and deaths in prison, and their causes.* The requisite medical information, then, must be profound, and can only be learnt by years of study and practice."

The pamphlet is published by Messrs. Longman and Co. Let the object to which it is devoted be everywhere pursued in the new corporations.

THE LANCET.

London, Saturday, March 5, 1836.

A CONDENSED report of the proceedings which took place in the House of Commons on Tuesday evening last, will be read with satisfaction by our professional brethren throughout the empire. At last the Legislature is evidently disposed to do justice to the claims of medical practitioners. As some time must elapse before the bill can go into Committee, petitions should still be forwarded in support of the measure, and we again take the opportunity of hinting to some gentlemen who have been meritoriously active in this struggle, that a petition having six signatures is just as efficacious as one containing six hundred. Attaching seven or eight hundred names to a

petition is, comparatively speaking, a useless application of that force which the general body of the profession is capable of using in the consideration of this question.

It should be observed that the Bill which is now about to be introduced into the House, is not, as many persons seem to imagine, a "CORONERS' BILL," but, simply, a "MEDICAL WITNESSES BILL," having no reference whatever to the Coroner's inquest, excepting that of providing the best medical testimony for the guidance of the coroner and jury, and of providing also an approach to an adequate recompense for the services of those medical practitioners who may be summoned to attend the inquiry. So far as the introducer of the Bill is concerned, he will steadily and strenuously oppose the introduction of any clause, the object of which is opposed to these two paramount provisions. The introduction of any other matter might present an insurmountable obstacle to the passing of the Bill, on two occasions. The attempt to constitute the Coroner's an open Court, was fatal to two Bills which had passed the House of Commons in the years 1833 and 34. However desirable, therefore, such an enactment might be under any other circumstances, it would be absurd, and even mischievous, to make any proposition of a similar kind in a similar measure. The medical question stands apart from every other, in this instance, as involving the capabilities and efficiencies of all the powers and privileges of the institution. In cases where the cause of death is involved in mystery, then it is that the medical witness relieves, by his testimony, the coroner and jury from a net-work of endless difficulties. On the other hand, in ordinary cases, the attendance of a medical practitioner at inquests is frequently unnecessary. Still, he is summoned, and often, as we have a thousand times contended, wantonly summoned, to a place which is situated at several miles distance from his residence, where, after having waited during many hours for the arrival of Mr. CORONER, he is ultimately discharged from a further attendance, because he has no evidence to communicate to the Court. If the body of a person be cut into two parts by the wheel of a waggon, —if a labourer be crushed to atoms by a thrashing machine, —or if the head of a workman be blown off by the explosion of a powder-mill, or he be plunged into a flood by the wheel of a water-mill, a medical practitioner is always one of the witnesses summoned, although the cause of death is perfectly obvious, and cannot, in either case, be misunderstood, even by a child. Medical gentlemen have much to complain of in these respects, and it is to be hoped that a brighter prospect is before them for the future. When provision is made by law for paying the surgeon for his attendance at inquests, this practice of issuing the summonses wantonly, will, doubtless, be discontinued. On the other hand, when the circumstances of the case demand the production of efficient medical testimony to aid the coroner and jury in conducting the investigation to a rational conclusion, then the law will empower the court to procure medical evidence of a perfectly satisfactory description.

The justice of the proposition for reimbursing medical witnesses, for the devotion of their time to the purposes of coroners' inquisitions, is admitted by the members of the House of Commons, with very few exceptions. Amongst the dissentients stands, first and foremost, the hon. Member for Cirencester, Mr. CRIPPS. Yet a writer, whose low-minded malignity is only equalled by his stupidity, has asserted that "the "MEMBER for FINSBURY has treated Mr. "CRIPPS shabbily, by taking the cause of "the medical men out of that gentleman's "hands." What is the answer to this unwarrantable assertion, made by a person whose systematic anonymous attacks against the respectability and interests of the general practitioners of this kingdom, have rendered him, with that body, an object of

scorn, derision, and contempt? What, we repeat, is the answer to this impudent and false imputation? That the Coroners Bill of Mr. CRIPPS passed the House of Commons, without containing any medical clause, in the year 1833. That the Bill was introduced and read a second time, without any medical clause, in 1834. That a medical clause was at length introduced in a Committee of the House, after twenty articles at least had appeared upon the subject in this Journal, and after we had succeeded in causing numerous petitions to be presented to the House on this subject, and in 1835 the Bill was introduced into Parliament with the identical clause which the Committee had sanctioned in the previous session. We have called it a "*medical* clause," but did even that clause provide for the payment of medical witnesses at inquests? Why, the fact is directly the reverse. Here is the section itself, printed *verbatim et literatim*, as it was introduced into the bill of last session:—

"And whereas, at the taking of inquisitions on the bodies of persons lying dead, it is frequently necessary, for the more satisfactory explanation of the cause of the death of such persons, that a post-mortem examination of such bodies, or of some part thereof, should be made by some surgeon or other person of the medical profession, and his evidence given on such examination; and whereas there is at present no remuneration provided for such surgeon or other person, whereby great difficulty exists in procuring such post-mortem examination to be made; be it therefore enacted, that in every case where the assistance of any such surgeon or other person, for the purpose of such post-mortem examination and his evidence thereon, shall be thought necessary, and be required by the coroner and jury, the constable of the parish or place in which such inquest shall be held, shall, on the direction of the coroner, pay to every such person, if he shall require it, a reasonable fee (such fee *in no case* to exceed the sum of *one pound*), before he shall be called upon to give his evidence; and such sum, so paid by the said constable, shall be reimbursed to him out of the funds provided for the relief of the poor of such parish; provided always, that such remuneration shall not be given to any such person when he shall be called upon only to give evidence as the medical attendant of such deceased person during his lifetime, or at the time of his death."

What is to be thought of that medical writer who can be guilty of the infamy and falsehood of alleging that the enactment of such a provision as this would provide for the payment of medical witnesses at Coroners' inquests? Yet this was the clause that was introduced into the Bill of last session,—a section of the measure, be it observed, which its author then stated, and still states, was "forced upon him;" and the same gentleman informed us in the House of Commons, on Tuesday evening last, before the motion for introducing the Medical Witnesses Bill was brought forward, "that he should oppose that motion," and yet, "the Member for Finsbury has behaved "shabbily towards Mr. CRIPPS, by taking the "conduct of the medical question contain-"ed in the Coroners Bill, out of his hands!"

The reader is requested to examine the stipulations of the section which we have just quoted, and then judge whether such provisions could give, or ought to give, satisfaction to the members of the medical profession. The medical witness was in no case to receive more than one pound, *even if he instituted a post-mortem examination*: and where the medical practitioner was summoned before the coroner as the medical attendant during the lifetime of the deceased; in other words, when he was actually called before the inquest as a medical witness, without instituting a post-mortem examination, it was expressly enjoined, in the concluding lines of the foregoing clause, that the remuneration of one pound should *not* be awarded to the practitioner. Yet this was the species of enactment which was to protect the interests of the general practitioner! In sooth, it is just that description of injury and insult, under the name of protection, which the SLANDERER employed by the corruptionists and bats, would be glad to see enforced against every respectable surgeon and apothecary in this country.

With reference to the very short Bill which is to be brought before the House, it may be necessary to remark, that from what the profession has lately seen of the conduct of the coroners at inquests which have been held on the bodies of persons who have been supposed to die from the poisonous effects of quack medicines, it has become absolutely necessary that the power and ascendancy of the science of medicine should be instantly acknowledged by the non-medical officers who preside in those courts. Under existing circumstances the public cannot hope for protection from any other shield or authority. If the chief officers of those courts were qualified to discharge the duties in consequence of having received an efficient medical education, then it might happen that the collateral aids of professional testimony might not be so essential in promoting the ends of justice; but it has lately been seen that in *some* instances the infamous quacks have either awed or seduced the coroners into the adoption of a pusillanimous course of conduct, which has had a direct tendency to perpetuate the pestilence which is now so rapidly selecting its victims from the ranks of all classes of society. The juries, however, acting upon the sturdy principles of common sense, have faithfully and nobly discharged their duty to the community, and we doubt not, on the next occasion, when an inquest is held on one of the poisoned, that the chief culprit will be made to suffer, at one blow, both for his boundless avarice and his numerous crimes.

PURGATIVE SEEDS.—At the last meeting of the *Medico-Botanical Society*, Dr. SIGMOND made some remarks on the seeds of the *satropha curcas*, samples of which, in their capsules, had been sent to the Society by Mr. MONTGOMERY MARTIN. These seeds, when ripe and fresh, after being slightly roasted, and infused in spiced wine in doses of two or three, act as gentle evacuants of the bowels; in larger doses they are strong purgatives, and in still larger they are actively poisonous. The expressed oil acts in a similar way, and two or three drops, added to a dose of castor oil, increase its purgative effect. It has also been recommended as an external application in some cutaneous diseases, particularly in itch and herpetic eruptions, and also in common rheumatism, and, taken internally, it has been found beneficial in dropsy, apoplexy, and obstinate constipation. Some experiments made by ORFILA to prove the poisonous effects of the seeds were detailed. The effects seem to depend on the violent inflammation produced, and the sympathetic action of the nervous system. The poisonous effects are more strongly marked when it is introduced into the stomach than when applied to the cellular tissue. It was supposed by CAVENTON, who performed some experiments on these seeds, that the oil obtained from them was, in every way, similar to the croton oil imported from India. The properties of the two oils are, however, very distinct, though their medicinal effects may, in general respects, agree. Dr. SIGMOND thought it possible that the seeds of the satropha curcas and the croton tiglium were both employed in the preparation of the croton oil, and that this fact might account in some measure for the great variation in strength of that medicinal agent.

ACCUMULATIONS IN THE COLON?—At the *London Medical Society*, on Monday night last, Mr. ROBARTS detailed a case which he judged worthy of attention, because similar cases had not been recorded. It was one of loss of power in the lower extremities, but not amounting to perfect paralysis. The patient, a coachman, sixty-seven years of age, had lived a regular life, his constitution was good, and the excretions and secretions were well performed, at least apparently so, the derangement of any function not being sufficient to admit of detection. In the calves of the legs there was, for some days, great pain, increased by exertion, but not by pressure; and this pain was followed by a numbness, which was not always constant. His rest was greatly disturbed, and any attempt at walking, after a few paces were accomplished, was followed by total inability to move further. Mr. Robarts was at a loss what name to give to the disease, unless that of "debility," or what to prescribe; but acting on what he considered to be the safest plan, he ordered half a grain of the sulphate of iron, very gradually increasing the dose, and combining quinine with it. To his surprise a gradual improvement was brought about, first in one leg, then in the other, and in the space of three weeks the man was completely well. An opposite treatment, Mr. R. believed, would have led to a complete

paralysis of the limbs.—Mr. MERION, in alluding to the case, considered the defalcation in the nervous energy to have been dependent on an accumulation in the colon, from chronic inflammation, in which state, although daily evacuations followed, still an accumulation was going on, producing, through pressure, the partial paralysis of the nerves supplying the inferior extremities. The therapeutic action of the medicine prescribed, he thought, justified this view.—Mr. ROBARTS strongly objected to this supposition. A loaded state of the colon would have been directly manifested had it existed. Moreover, no increased discharge from the bowels, either before or after he was consulted, had occurred.—Mr. MOORE related the case of a lady who had experienced excessive cramps in the legs, and who had taken mercurials and other medicines, aperients, &c., without benefit, and who, on going into the country, and falling under the hands of a physician who had kept an eye on the state of the colon in particular, was ordered three grains of the sulphate of iron, with one drachm of the carbonate of magnesia, twice a day, when large quantities of scybalæ were dislodged, and the cramps and other symptoms immediately abated, the lady fully recovering.—Mr. BRYANT, in the course of the evening, remarked, that he had invariably found, in post-mortem inspections, a ramollissement of the spinal marrow to be the consequence of idiopathic paraplegia.

The Society's Anniversary Dinner is fixed for the 8th of March, when Dr. Blicke will deliver the oration.

MR. OSBORN'S EXPERIMENT ON BLOOD.

To the Editor.—Sir: Allow me to express my surprise at the manner in which "W. C., of Brompton-square," has criticised my statement on the detection of tar in the blood. Had he repeated the experiment, he would have been able to form a much more correct opinion of the process as well as of the substance obtained. Of chemistry, W. C. himself, notwithstanding his strictures, appears to be very ignorant, or he would have known from experience, that in all chemical processes, when a strong heat is required, it is necessary to use a metallic or an earthenware retort, and not glass. I beg to inform him that I was not analyzing the blood, as he appears to have supposed, but experimenting on that fluid, and consequently had a different object in view. "W. C." appears anxious to know on what the tar floats after the evaporation of the spirit. Why, on the surface of the water of course. With regard to the chalk, which he thinks I was too liberal with, he could not possibly have known the quantity required. I am well aware that I used more than was sufficient to decompose the acid, and should I ever repeat the experiment, I should rather increase than diminish the quantity, which I know, from experience, it is necessary to do. I am sorry that "W. C." has wasted his time in attempting to decide on what he evidently does not understand. And as he has been so bold as to assert that my experiment was not based on a scientific principle, perhaps, after he has taken the trouble (if he be able to perform the experiment and investigate the result), he will have the goodness to state it briefly to the public, and add his name to the account. I remain, Sir, your most obedient servant,

HENRY OSBORN.

Southampton, Feb. 29, 1836.

PREJUDICE VERSUS SCIENCE.

To the Editor.—Sir: The medical profession have universally expressed their surprise that Drs. Ritchie and Webster should not have been admitted as candidates for Professorships in King's College, Strand, in consequence of their being Dissenters. It may be interesting to many of your numerous readers to know that this *exclusive spirit* had its wicked operation on a former memorable occasion. Mr. KEIRNAN, whose anatomical and pathological knowledge especially qualified him to fill the pathological chair in any University, was rejected by the Council of *King's College*, on the plea of his being *a Dissenter!* A beautiful collection of Mr. Keirnan's preparations of the liver was presented by him to the museum of the *King's College*, but even these unique specimens of art and science had no influence on the bigots. I am, Sir, your sincere admirer, and humble servant,

A LATE PUPIL OF THE COLLEGE.

NORTH-LONDON HOSPITAL.

OSTEO-SARCOMA OF THE JAW.—REMOVAL OF THE SUPERIOR MAXILLARY AND MALAR BONES.

ANN STRUTHER, aged 21, was admitted, February 24, under the care of Mr. LISTON. About four years ago she was very much annoyed with pain in the left side of the head and face, attended occasionally with swelling, which symptoms at the time were attributed to cold. Pain in the teeth of the left superior maxilla supervened, and a tumour appeared on the outer surface of the gum. Three teeth were extracted, with the hope of giving relief, but the swelling afterwards rapidly increased. When about the size of the end of the thumb, it was removed

by the knife. This was about six months after the first complaint of pain. The tumour, however, soon showed itself again, and continued to grow for about eighteen months, at the end of which time she once more submitted to a very severe operation, by which the alveolar process of the superior maxillary bone, and a portion of the tumour, were removed; she stated that there was hemorrhage for three days after the operation, but that, nevertheless, she was out of bed, and the wound healed at the end of a week. Two or three weeks after this operation the tumour again appeared, and it has continued to increase in size up to the present time. When it was last removed, it was of about the size of a hen's egg. It is now as large as a moderate-sized cocoa-nut, causing great deformity. The mouth is drawn on one side, and the vision of the left eye is partly impeded. She complains of very little pain, and her general health is very good; the swelling is of a very firm consistence, and appears to involve the whole of the superior maxilla; internally it occupies the whole of the palate, but is unattached on the right side; a probe can be passed under it for some distance. It extends backwards as far as the finger can reach, and projects over the velum, so as to conceal a great part of it. The patient came up to town with the intention of having the tumour removed by Mr. LISTON, who accordingly, on Saturday the 27th of Feb., performed the operation.

After removing the central incisor of the right side, the surgeon commenced an incision a little below the inner angle of the eye, and carried it obliquely under the corresponding ala of the nose, so as to detach its cartilage from the bone, then through the lip, into the mouth, in the mesial line. He next made an incision from the prominence of the cheek to the angle of the lip. The flap thus formed was then reflected upwards. The tumour was now so far exposed as to be ascertained to extend considerably backwards, and the operator found it necessary to make another incision in the line of the zygomatic arch, so as to fall nearly at right angles on the outer perpendicular one; this exposed the whole extent of the tumour. With the well-adapted forceps introduced by Mr. LISTON, the nasal process of the superior maxilla was divided. The operator next cut through the zygomatic arch, near the auricle, and then through the malar bone, at the transverse facial suture, into the spheno-maxillary fissure; the diseased maxilla was separated with great facility from its fellow of the opposite side, by strong scissors, leaving the palate entire, and untouched. The diseased mass was now readily removed, involving the whole of the superior maxillary bone, and the whole of the malar. A large artery, which was bleeding very freely (probably the internal maxillary), was immediately tied, and the edges of the flap were brought together by three hare-lip sutures, and one point of interrupted suture. The whole proceeding occupied about six minutes. The tumour is of a firm cartilaginous nature, interspersed with spiculæ of bone; it is perfectly entire; not the least particle of diseased structure can possibly have been left behind.

Mr. LISTON preferred using the forceps in this case, as he thought the employment of the saw, or the mallet and chisel, would have jarred the parts, and been productive of much more suffering to the patient. The operation might have been as quickly performed with those instruments as with the forceps.

March 2. The patient is doing exceedingly well; the sutures were removed on Monday.

This operation is worthy of record, both from the facility and the celerity with which it was performed. The case altogether possesses much interest for medical men, and any gentleman who wishes to inspect it will find every facility afforded him for that purpose, should he pay a visit to the hospital.

PSORIASIS.

William Snook, ætat. 22, a footman in a gentleman's family, admitted December 30, 1835, under the care of Dr. ELLIOTSON. He has, until within the last six or eight months, enjoyed good health, when (May) he became slightly indisposed, and there appeared a redness of the skin, affecting the thighs and posterior portion of the knee joints, filling up the popliteal spaces. This continued for two or three days, when a scaliness was first perceived, to which there was quickly superadded painful fissures or rhagades, from which a serous fluid of an acrid nature was continually exhaled.

He was treated for some time by a general practitioner, who prescribed the decoction of dulcamara and blue pill twice a day. Copious ptyalism was by this means induced, but the disease nevertheless increased in severity, and about a fortnight or three weeks since he gradually lost all sensation and motion in the inferior extremities, and perceived some numbness in the arms and hands, without, however, affecting volition. Speech became affected, and he hesitated considerably; the mouth being also drawn upwards and to the left side. These symptoms, however, gradually *diminished* in severity up to the period of his admission into the hospital.

At the present period he hesitates considerably in speaking, is rather deaf, and walks with considerable difficulty, the legs still continuing stiff and painful, and the hands remaining dull and heavy. There exists, also, pain and heaviness of head, with occasional dimness of sight and giddi-

ness. The whole popliteal regions covered by a scaly eruption of an irregular figure, not elevated above the surrounding parts, interspersed by deep rhagades, which occasionally bleed, and attended with considerable inflammation; bowels open; tongue clean and moist; urine natural; pulse 92, full, and rather labouring. Mittantur sanguinis ℥x. *D. M.*

Jan. 1. 1836. Symptoms not relieved; pain of right side; bowels confined; pulse 90, with the same characters as yesterday. Mittantur sanguis ad ℥x. Haustus Sennæ Compos. statim.

5. Continues much the same; the pain of chest, however, being much increased on coughing or taking a deep inspiration. Hirudines decem later. dext. applicatur.

9. Somewhat better, a vesicular eruption of an eczematous character appearing on the lips and chin; pulse 90, soft. *Pilul. Hydrargyri* grana quinque bis die.

13. Eczematous eruption desquamating; mouth not yet affected; pulse 96, and full; tongue furred. Detrahetur sanguis ad ℥xij Ange pilulam Hydrargyri ad grana decem, bis in die.

22. Pain of head, and other symptoms somewhat increased; mouth not affected; pulse 96, full, and hard; psoriasis hot, red, and very irritable; tongue dry and furred; urine high-coloured and scanty. Venesectio ad ℥xij. *Pilulæ Hydrargyri* gr. x. ter quotidie sumat.

28. Pain of head; giddiness and stupidity increased; eruption at the bend of knee, hot, red, and exceedingly painful, and dividing, forming rhagades whenever the foot is extended; an abundant secretion of acrid serum excoriating the parts on which it runs. Asperguntur partes affectæ pulvere calaminæ; fiatque venesectio e brachio ad ℥xij. Sumat pilulam Hydrargyri 6tis horis.

Feb. 1. Mouth still unaffected; eruption around the mouth nearly gone; psoriatic eruption less painful and inflamed; pain of head, giddiness, &c., entirely gone; the blood slightly buffed, not cupped.

8. Gradually improving; some tightness across the chest, and cough, he having contracted a slight cold.

13. Pain in the chest continues, together with the cough, with little irritability of stomach; bowels open; pulse full. Venesectio ad ℥xij. Sumatur *Acidi Hydrocyanici ad formulam Scheeli* ℥j, ex *Aquâ Menthæ Piperitæ*, f. ℥iss ter quotidie.

From this period he gradually improved, the general and local symptoms diminishing, and he was presented cured on Tuesday the 23rd.

PHAGEDENA ON THE PENIS.—E. F., aged 27, was admitted on the 8th, under the care of Mr. LISTON. Five weeks back a sore appeared near the orifice of the urethra. It continued to enlarge very rapidly. The application first used was the diluted subacetate of lead, then the carrot poultice, and afterwards a solution of sulphate of copper and spirit of turpentine. He has not taken mercury for the last ten months, when his mouth was made sore for some acute inflammation. Hemorrhage from the ulcer commenced a fortnight ago, and has recurred daily since, increasing in its amount and duration so as to blanch him in appearance. Bowels open; pulse 132, small; rests ill. He came to the hospital on account of hemorrhage; he has not suffered from that symptom since his admission. A drachm of the solution of muriate of morphia was given him. The next day the sore was touched freely with nitric acid.

15. The nitric acid has been three times applied since the last report; warm-bath and full diet; nitric acid again applied. Paraphymosis, which had existed, was divided. A pint of decoction of sarsaparilla to be taken daily.

21. Nitric acid again applied. The sore looks much healthier.

26. A lotion with four grains of the nitrate of silver to ℥j of water applied.

3. Solution of the sulphate of zinc to be applied.

19. Ulceration of the prepuce much better. Great œdema of the prepuce. To foment it.

21. Made an out patient, being nearly well.

CORRESPONDENTS.

THE session of Parliament having commenced, it is earnestly requested that all communications to Mr. WAKLEY may be addressed to him at his residence, 35, BEDFORD SQUARE.

MR. FERRALL.—With reference to those concluding remarks of "OBSERVATOR" in his communication in THE LANCET of Feb. 20th, which relate to Mr. Ferrall, we feel bound to say that their tendency escaped our notice. In our previous number we did not merely state that, "the *authenticity* of the petition from the 'Sisters of Charity' had been denied," as the impression on our mind was, that no such petition had been presented *at all*. We are now authorized to say that *no* petition was presented on behalf of Mr. Ferrall from that or any other quarter, and that his only communication with Government on the subject, was his own letter to the Chief Secretary, stating his having filled the office of house-surgeon to the *Richmond Hospital* for nearly *five years*, &c.; and this communication was forwarded by a member of the Government.

To the Editor. — Sir: The candid and direct system which has hitherto kept your valuable journal in the highest esteem with the "liberal world," assures me this letter will be published. The last number of THE LANCET contained a paragraph stating it to be Dr. Cummin's intention to resign his chair in this school "in deference to the exasperated feelings of the students," which I can faithfully assert was read with surprise and indignation by every one of them, and considered to be equally malicious as false, on the part of the correspondent. Such rumour has not existed, the pupils being satisfied that Dr. C. had no participation in the scurrilous and prejudiced account of the meeting at the *Crown-and-Anchor*, given in the *Medical Gazette*. I am, Sir, with every respect,

A SENIOR STUDENT IN THE ALDERSGATE MEDICAL SCHOOL.

Reading-room, March 2nd, 1836.

To the Editor.—Sir: Between the period of Mr. Smith's rejection and the meeting at the *Crown-and-Anchor*, I had occasion to call on Dr. Cummin, at his lodgings. The conversation turned on this point, and Dr. C. mentioned that he knew Mr. Smith, and that he considered him to be a clever and well-informed young man. Of course, Sir, it is impossible that Dr. C. should have any connection with the "Gazette," for I hope that no one who is a member of our profession could allow another to remain under the stigma of ignorance, when he knew or believed to the contrary, and had so ready a means of stating his knowledge of that fact in print. Your obedient servant,

March 1st. C. S.

Mr. W. F. SHORBRIDGE has addressed a letter to us in which he states that the late protest from *Guy's Hospital* in favour of the Apothecaries' Hall, was not "a hole-and-corner affair, being done in the face of every one belonging to the hospital." He says that "Messrs. Mugg and Bent" (Mr. Mugg's name was misprinted Muggand in a late LANCET) "could not, either with or without favour at court, have passed the Hall, because the former is not out of his apprenticeship, and the latter did not attend the hospital until last year." Our correspondent adds, "that Messrs. M. and B. did not induce the junior pupils to sign the protest." The "fact" which Mr. S. quotes respecting the *Crown-and-Anchor* meeting is certainly *not* a "fact." We would readily have given insertion to the whole of our correspondent's letter, had we not been enabled in this brief space to present a statement of all the facts which he avouches.

Mr. JOHN A. LUSH, of the Aldersgate-street School, assures us that the feelings of the students of that school "have not been outraged" by Dr. W. Cummin. Mr. Lush objects to having "the assertions of three of their teachers contradicted by an anonymous individual in a periodical so extensively circulated as THE LANCET." Mr. Lush has overlooked the fact that those assertions were not "contradicted" on anonymous authority, but on the expressly declared statements of the gentleman whose declarations were first of all impugned. To him we beg leave to refer our correspondent. Mr. Lush has also suffered the fact to escape his memory, that Dr. W. Cummin is charged with getting his bread by editing an anonymous periodical, whose peculiar claim on its subscribers is founded on its unceasing attempts to destroy the moral character of an avowed writer, by statements which are notoriously false,—a crime which in iniquity and turpitude it would be difficult to surpass.

A COPY of the depositions which were taken at the inquest that was held on the body of Captain MACKENZIE is before us, but these are by far too voluminous for insertion in their present form. A condensed abstract of them, however, is in progress for publication. The prosecution of SALMON is not to be conducted by the parish. The prosecutors, therefore, will be entitled to the gratitude of the entire medical body. The depositions contain many statements of a very interesting character. The disclosure which took place at this inquiry, is a compound of impudence, folly, and infamy, almost without a parallel in the annals of quackery.

Some resolutions having been forwarded to us relative to the contents of a note which appeared in the last LANCET headed "Gower-street," we may observe that it has since been explained that it was indited under an erroneous impression, and that the services of no teacher can be more highly valued than are those of the gentleman whose absence from the usual scene of his duties was made the subject of comment. It could not have been known to the writers of the note in question, that most of the hours which are spent out of the dissecting-room, are devoted to a practical examination of the more advanced students,—not an examination consisting of the rote questions of our books, but founded upon a thoroughly scientific acquaintance with the structure of the human body.

Letters from *Mr. Denham*, *R. E. L.*, *Mr. L. (of T.)*, *An Assistant Chemist*, *J. B.*—The letter of a *M.R.C.S.* will probably appear.

C. The second, also, of the two papers from the North shall appear. So shall *Dr. Schmidt's* letter.—*A Student, T. C., Dublin*, intimates that he can vouch for the truth of his statements. Will he oblige us by authenticating them, privately, with his name and address. They cannot of course appear until we are satisfied on this point.